## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000056075**

GABRILOVE REAL ESTATE CORPORATION



**FILED** Feb 02, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

2431 NE 32 CT

LIGHTHOUSE POINT, FL 33064

Mailing Address

2431 NE 32 CT

LIGHTHOUSE POINT, FL 33064



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01182007 No Chg-P

4. FEI Number 65-0937366

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABRILOVE, STEPHEN 2431 NE 32 CT LIGHTHOUSE POINT, FL 33064

## DO NOT WRITE IN THIS SPACE

					114	THIS STASE
	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	istered off	ice or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_		·			.,,	
	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Re	gisterad Agani	signature	required when reinstating)	DATE
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign     Trust Fund Contribu	-		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			***************************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRILOVE, STEPHEN H 2431 N.E. 32ND CT LIGHTHOUSE POINT, FL 33064					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						02/08/07-80048-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STephen H. Gabrilove 1/18/07 (954)709-8101

Date Date Date