FROM :

FAX NO. :9545645568

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Apr 06, 2007 8:00 am
Secretary of State
03-20-2007 90021 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S61437

1. Entity Name
GABRIELLE STAMP DESIGNS INC.

66008278

Principal Place of Business	Mailing Address
3385 SW 4 ST DEERFIELD BEACH, FL 33442	3385 SW 4 ST DEERFIELD BEACH, FL 33442

02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0274583

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABRIELE, JOSEPH
3385 SW 4 ST
DEERFIELD BEACH, FL 33442

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joseph Gabriele DATE: 3/8/07
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GABRIELE, JOSEPH
STREET ADDRESS	3385 SW 4 ST.
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Joseph Gabriele JOSEPH GABRIELE 4/3/07 954 426-1185
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #