2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 14, 2004 8:00 am **Secretary of State** DOCUMENT # V22567 07-14-2004 90005 030 ***150.00 1. Entity Name GABRICK CORPORATION Principal Place of Business Mailing Address 20165 E COUNTRY CLUB DR 20185 E COUNTRY CLUB DR #505 #505 A MIAMI BEACH, FL 33180 N MIAMI BEACH, FL 33180 2. Principal Place of Business 3. Mailing Address 948 41st. Street 948 41st. Street Suite, Apt. #, etc. Suite Apt. #. etc. Miami Beach 07122004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Miami Beach FL 65-0326424 Not Applicable <u>Miami Beach</u> 33<u>140</u> \$8.75 Additional 5. Certificate of Status Desired 33140 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAVICH, GABRIELA M Street Address (P.O. Box Number is Not Acceptable) 20185 E COUNTRY CLUB DR #505 N MIAMI BEACH, FE 33180 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD*SAYICHI* AKERMAN, GABRIELA Change ☐ Addition Delete TITLE TITLE NAME NAME 20185 E. COUNTRY CLUB DR., #505 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME - ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S: ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eport 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 addr with all other like em wered.

NG OFFICER OR DIRE

FILED

Daytime Phone #

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On V22567 44048411

Miami, Florida, July 12, 2004

Division of Corporations P O Box 1500 Tallahassee, FL 312302-1500

Gentlemen:

I am attaching the 2004 Annual Report for Gabrick Corporation.

I never received any renewal notice this year, and I am sending a check

for \$150.00 with the request that you wave the \$400.00 penalty.

On the previous years as you can look my records I always paid on time

This this year as I told you before never received the renewal notice.

Thanking for your kindness I stay very truly yours,

Gabrick Corporaion

Gabriela M. Savich-President