


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90059 042 \*\*\*150.00

DOCUMENT # P03000147602

1. Entity Name  
**GABY INC.**



Principal Place of Business      Mailing Address

**4823 ORCHID WAY**      **4823 ORCHID WAY**  
**SUITE 301**      **SUITE 301**  
**MYRTLE BEACH, SC 29577**      **MYRTLE BEACH, SC 29577**

**94037857**



2. Principal Place of Business      3. Mailing Address

**1215 Celebrity Circle**      **1215 Celebrity Cir M148**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**M-148**

03172004      Chg-P      CR2E034 (10/03)

City & State      City & State

**Myrtle Beach, SC**      **Myrtle Beach, SC**

4. FEI Number      Applied For

**47-0935405**       Not Applicable

Zip      Country      Zip      Country

**29577**      **USA**      **29577**      **USA**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARQUEZ, CHRISTINA**  
**407 LINCOLN ROAD**  
**SUITE 708**  
**MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIGUI, MAURICE	NAME	Guigui, Maurice
STREET ADDRESS	4825 ORCHID WAY SUITE 301	STREET ADDRESS	1215 Celebrity Circle M-148
CITY-ST-ZIP	MYRTLE BEACH, SC 29577	CITY-ST-ZIP	Myrtle Beach, SC 29577
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIGUI, NATHALIE	NAME	Guigui, Nathalie
STREET ADDRESS	4825 ORCHID WAY SUITE 301	STREET ADDRESS	1215 Celebrity Circle M-148
CITY-ST-ZIP	MYRTLE BEACH, SC 29577	CITY-ST-ZIP	Myrtle Beach, SC 29577
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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: \_\_\_\_\_      Date: **03-22-2004**      Daytime Phone #: **(843) 457-0565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR