# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 150263

1. Entity Name
GABLES ENGINEERING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 247 GRECO AVENUE<br>CORAL GABLES, FL 33146 | 247 GRECO AVENUE<br>CORAL GABLES, FL 33146 |

DO NOT WRITE IN THIS SPACE

02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0561349

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, ROBERT W P.A.
1395 BRICKELL AVE
STE 430
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(Signature, 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, 2006 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DCP |
| NAME | CLARKE, VICTOR E |
| STREET ADDRESS | 247 GRECO AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL |
| TITLE | TD |
| NAME | GALIMIDI, GARY |
| STREET ADDRESS | 247 GRECO AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL |
| TITLE | D |
| NAME | REYES, CARIDAD |
| STREET ADDRESS | 247 GRECO AVE |
| CITY-ST-ZIP | CORAL CABLES, FL 33346 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

[illegible] 158.75

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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #