## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 150263** 

Entity Name: GABLES ENGINEERING, INC.

FILED Sep 18, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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247 GRECO AVENUE CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

247 GRECO AVENUE CORAL GABLES, FL 33146

FEI Number: 59-0561349 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: DCP ( ) Delete Title: DCP (X) Change ( ) Addition Name: CLARKE, VICTOR E. Name: CLARKE, VICTOR E

 Name:
 CLARKE, VICTOR E,
 Name:
 CLARKE, VICTOR E

 Address:
 247 GRECO AVENUE
 Address:
 247 GRECO AVENUE

 City-St-Zip:
 CORAL GABLES, FL
 City-St-Zip:
 CORAL GABLES, FL
 33146

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 GALIMIDI, GARY,
 Name:
 GALIMIDI, GARY A

 Address:
 247 GRECO AVENUE
 Address:
 247 GRECO AVENUE

 City-St-Zip:
 CORAL GABLES, FL
 City-St-Zip:
 CORAL GABLES, FL 33146

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition

Name: REYES, CARIDAD Name: ESCOBAR, HAYXA Address: 247 GRECO AVE Address: 247 GRECO AVE

City-St-Zip: CORAL CABLES, FL 33346 City-St-Zip: CORAL CABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAYXA ESCOBAR SEC 09/18/2007