

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**


02-14-2007 90058 046 \*\*\*150.00

**DOCUMENT # 592381**  
 1. Entity Name  
**GABLES INTERNATIONAL PLAZA COMPANY**



Principal Place of Business      Mailing Address  
 2655 LEJEUNE ROAD, SUITE 711      2655 LEJEUNE ROAD, SUITE 711  
 CORAL GABLES, FL 33134      CORAL GABLES, FL 33134

**DO NOT WRITE IN THESE SPACES**



01292007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2156503</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAURA L. RUSSO, EDMINDE**  
 4675 PONGE DE LEON BOULEVARD  
 CORAL GABLES, FL 33146

*2655 LeJeune Rd,  
 Suite 201  
 Coral Gables FL  
 33134*

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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: *Laura Russo*      DATE: *3/6/07*

Signature, typed or printed name of registered agent and file number (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 NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIDSON, STANLEY S 2655 LEJEUNE RD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VILLAR, MARIA I 2655 LEJEUNE RD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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]*      Date: *3/21/07*      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR