


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90050 026 \*\*\*150.00

DOCUMENT # H73902			
1. Entity Name SEVEN GABLES ENTERPRISES, INC.			
Principal Place of Business % RAUL E. VALDES-FAULI 2 S. BISCAYNE BLVD. STE.3400 MIAMI, FL 33131		Mailing Address % RAUL E. VALDES-FAULI 2 S. BISCAYNE BLVD. STE.3400 MIAMI, FL 33131	
2. Principal Place of Business 901 PONCE DE LEON Blvd Suite, Apt. #, etc. 501		3. Mailing Address 901 PONCE DE LEON Blvd. Suite, Apt. #, etc. 501	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134		Country USA	
6. Name and Address of Current Registered Agent VALDES-FAULI CORP SVCS-INC ONE BISCAYNE TWR STE 3400 2 SO BISCAYNE BLFD MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <u>ANDRES J. IRIONDO</u> Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON Blvd. #501 City <u>CORAL GABLES</u> FL Zip Code <u>33134</u>	
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 <u>Andres J. Iriondo</u> DATE <u>4/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASTURIAS, MARIO <input type="checkbox"/> Delete 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASTURIAS, YVONNE T. <input type="checkbox"/> Delete 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBLES, LORENA A. <input type="checkbox"/> Delete 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VA</del> VALDES-FAULI, RAUL E. <input checked="" type="checkbox"/> Delete 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>AS</del> ANDRES J. IRIONDO <input checked="" type="checkbox"/> Addition 901 PONCE DE LEON Blvd. #501 CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Andres J. Iriondo</u>		Date <u>4/6/04</u> Daytime Phone # <u>305 4450611</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2647182 Applied For Not Applicable

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