

**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

*Amended  
FILED*

04 OCT 25 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10142004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N03000009879</b>				
1. Entity Name GABLES IB PARENT ORGANIZATION, INC.				
Principal Place of Business 6271 SW 44TH STREET MIAMI, FL 33155		Mailing Address 6271 SW 44TH STREET MIAMI, FL 33155		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0766512
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent ZABALETA, IGNACIO 6271 SW 44TH STREET MIAMI, FL 33155		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: DATE: 10/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZABALETA, IGNACIO			NAME	Carol Roach		
STREET ADDRESS	6271 SW 44TH STREET			STREET ADDRESS	1275 SW 15th Terrace		
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	Miami, FL 33145		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, LEE			NAME	Laura Schultz		
STREET ADDRESS	1750 CHUGUNANTAH ROAD			STREET ADDRESS	9975 SW 218 Terrace		
CITY-ST-ZIP	COCONUT GROVE, FL 33133			CITY-ST-ZIP	Miami, FL 33190		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARAVITO, EVELIO			NAME	Eve Cater		
STREET ADDRESS	2929 SW 3RD AVE., SUITE 520			STREET ADDRESS	7500 SW 75 St.		
CITY-ST-ZIP	MIAMI, FL 33129			CITY-ST-ZIP	Miami, FL 33143		
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 617, 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: 10/20/04 305 648-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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