

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # N03000009879**

1. Entity Name  
**GABLES IB PARENT ORGANIZATION, INC.**



FILED  
07 SEP 14 AM 11:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4605 SW 12TH STREET  
MIAMI, FL 33134

Mailing Address  
4605 SW 12TH STREET  
MIAMI, FL 33134



2. Principal Place of Business - No P.O. Box #  
**9925 SW 35th TERRACE**

3. Mailing Address  
**9925 SW 35th TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09062007 Chg-NP CR2E037 (12/06)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**20-0766512**

Applied For  
 Not Applicable

Zio  
**33165-3929**

Country  
**USA**

Zio  
**33165-3929**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**ORGAZ, DIANA PRES  
4605 SW 12TH STREET  
MIAMI, FL 33134**

**7. Name and Address of New Registered Agent**

Name **ELIZABETH ORDONEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**9925 SW 35th TERRACE**

City **MIAMI FL** Zio Code **33165-3929**

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.

**400109723504**  
09/20/07--01068--021 \*\*70.00

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when constituting)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ORGAZ, DIANA PRES 4605 SW 12TH STREET MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DIAZ, FLORENTINO TREAS 4675 SW 13TH TERR. MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>DS</del> <i>DVP Membership</i> MITCHELL, MARIA 830 BLUEBIRD AVE MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCS MORENO, MARIA A C SEC. 10853 NW 53RD LANE DORAL, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ORDONEZ, EBET 9925 SW 35 TERRACE MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ELIZABETH ORDONEZ 9925 SW 35 TER MIAMI, FL 33165-3929	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT-CO CLAIRE GEORGATOS 1112 CORDOVA ST Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT-CO CAROL CRESPO 444 Catalonia Ave Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JORGE CRESPO 444 CATALONIA AVE Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ANNA GROTHOSKI 409 Lafayette DRIVE MIAMI Springs, FL 33101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DRS ELIZABETH STONE 425 Cadagua Ave Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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: *Elizabeth Ordonez* **ELIZABETH ORDONEZ**

9-6-07 305-447-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

David M. Phone #