

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035567

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** GABLES CONSULTING PARTNERS INC.

**Current Principal Place of Business:**

6000 SW 26 ST  
MIAMI, FL 33155

**New Principal Place of Business:**

1550 CONSOLATA AVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6000 SW 26 ST  
MIAMI, FL 33155

**New Mailing Address:**

1550 CONSOLATA AVE  
CORAL GABLES, FL 33146

**FEI Number:** 90-0062322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPOTE, MICHAEL  
6000 SW 26 ST  
MIAMI, FL 33155 US

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

CAPOTE, MICHAEL  
1550 CONSOLATA AVE  
CORAL GABLES, FL 33146 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.

SIGNATURE: MICHAEL CAPOTE

03/03/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAPOTE, MICHAEL  
Address: 1550 CONSOLATA AVE  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: A  
Name: PESANTES, CHRISTIAN  
Address: 1092 SW 135 CT  
City-St-Zip: MIAMI, FL 33184

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CAPOTE

P

03/03/2010

Electronic Signature of Signing Officer or Director

Date