

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004823

Entity Name: SABLE RESORTS, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

2200 CORPORATE BLVD. NW
STE 401
BOCA RATON, FL 33431

New Principal Place of Business:

11700 NW 6TH ST.
PLANTATION, FL 33325

Current Mailing Address:

2200 CORPORATE BLVD. NW
STE 401
BOCA RATON, FL 33431

New Mailing Address:

P.O. BOX 489
FT. LAUDERDALE, FL 33302

FEI Number: 65-0648460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BLVD. NW STE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

STUART M. SLUTSKY, P.A.
2500 WESTON ROAD, SUITE 404
WESTON, FL 33331 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: STUART M. SLUTSKY

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHPD () Delete
Name: DUPREY, LAWRENCE A
Address: C/O 2200 CORPORATE BLVD., NW, #401
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: NETTO, CHERYL
Address: C/O 2200 CORPORATE BLVD., NW #401
City-St-Zip: BOCA RATON, FL 33431

Title: SD (X) Delete
Name: COOK, JOSEPH R
Address: C/O 2200 CORPORATE BLVD., NW, #401
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: DUPREY, LAWRENCE A
Address: P.O. BOX 489
City-St-Zip: FT. LAUDERDALE, FL 33302

Title: VPD (X) Change () Addition
Name: NETTO, CHERYL
Address: P.O. BOX 489
City-St-Zip: FT. LAUDERDALE, FL 33302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHERYL NETTO

VPD

04/07/2005

Electronic Signature of Signing Officer or Director

Date