

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002747

**Entity Name:** THE GABLES AA ROOM, INC.

**Current Principal Place of Business:**

234 SANTILLANE AVE.  
# 1  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 141641  
CORAL GABLES, FL 33114

**FEI Number: 86-2973112**

**Certificate of Status Desired:** Yes

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

GUTIERREZ, JOSE  
234 SANTILLANE AVE.  
#1  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GUTIERREZ, JOSE  
Address 234 SANTILLANE # 1  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name ROSEN, LISETTE  
Address PO BOX 141641  
City-State-Zip: CORAL GABLES FL 33114

Title D  
Name MARTINEZ, GEORGE X  
Address PO BOX 141641  
City-State-Zip: CORAL GABLES FL 33114

Title TR  
Name BENITEZ, MIRIAM  
Address PO BOX 141641  
City-State-Zip: CORAL GABLES FL 33114

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSE GUTIERREZ**

**PRESIDENT**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date