## **2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #626263** MIAMI GABLES REALTY, INC. Principal Place of Business Mailing Address 9110 SUNSET DR. 9110 SUNSET DR. MIAMI, FL 33173 MIAMI, FL 33173 02192007 No Chg-P DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent GONZALEZ, ADRIANO P. 9110 SUNSET DR. MIAMI, FL 33173

**FILED** Feb 22, 2007 08:00 AM **Secretary of State** 

CR2E034 (11/05)

L	O NOI WRITE II	V THIS SPAC	<b>∍</b> E	<ol> <li>FEI Numb</li> <li>59-193</li> <li>Certificate</li> </ol>			Applied For Not Applicable 5 Additional Required
	6. Name and Address of Current Regis	tered Agent	····				
GONZALEZ, ADRIANO P. 9110 SUNSET DR. MIAMI, FL 33173			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the pions of registered agent.	Lourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Flori	ida. I am famili	ar with, and accept
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)		DATE	
FIL After M	E NOW!!! FEE 18 \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	00000064 03/02/07-80		150.00
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GONZALEZ, ADRIANO 9110 SUNSET DR. MIAMI, FL D GONZALEZ, ADRIANO 9110 SUNSET DR.	-			·		
FITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL			DO	NOT WI	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•		
TITLE NAME		. 11 o to 22 o					

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 607, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR