## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#710793** 

Entity Name: GREEN GABLE, INC.

FILED May 19, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
5810 NW 1 APT C			
SUNRISE,	FL 33313 US		
Current Mailing Address:		New Mailing Address:	
5810 NW 1 APT C SUNRISE,			
FEI Number: 59-1687714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MARTINEZ, MARILANO 5810 NW 12 STREET, UNIT F SUNRISE, FL 33313 US		MARTINEZ, MARILAND 5810 NW 12 STREET, UNIT F SUNRISE, FL 33313 US	
The above in the State		of changing its registered office or registered agent, or both	١,
SIGNATURE: MARILAND MARTINEZ		05/19/2007	
	Electronic Signature of Registered Agent	Date	-
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS:
Title: Name: Address: City-St-Zip:	D ( ) Delete VILADESAU, SANDRA 5810 NW 12TH ST, APT B SUNRISE, FL 33313	Title: VD (X) Change ( ) Addition Name: VILADESAU, SANDRA Address: 5810 NW 12TH ST, APT B City-St-Zip: SUNRISE, FL 33313	
Title: Name: Address: City-St-Zip:	STD () Delete TAYLOR, JULIE 5810 N.W. 12ST., APT. C SUNRISE, FL 33313	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete MARILAND MARTINEZ, 5810 NW 12TH ST #F SUNRISE, FL 33313	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VD () Delete WEISS, PAUL 160 S UNIVERSITY DR STE F PLANTATION, FL 33324	Title: D (X) Change ( ) Addition Name: DAMBROISIO, DANIELE Address: 839 NW 81 TERRACE City-St-Zip: FT LAUDERDALE, FL 33324	
Title: Name: Address: City-St-Zip:	D () Delete WALME, SERGE 8861 SUNRISE LAKES BLVD APT 102 FORT LAUDERDALE, FL 33322	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JULIE TAYLOR STD 05/19/2007

( ) Delete

SAINT PIERRE, MAUDELINE

5810 NW 12TH ST APT G

SUNRISE, FL 33313

Name:

Address:

City-St-Zip:

() Change () Addition