

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710793

FILED
Mar 23, 2008
Secretary of State

Entity Name: GREEN GABLE, INC.

Current Principal Place of Business:

5810 NW 12TH ST
APT C
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

5810 NW 12TH ST
APT C
SUNRISE, FL 33313 US

New Mailing Address:

FEI Number: 59-1687714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MARILAND
5810 NW 12 STREET, UNIT F
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: VILADESAU, SANDRA
Address: 5810 NW 12TH ST, APT B
City-St-Zip: SUNRISE, FL 33313

Title: STD () Delete
Name: TAYLOR, JULIE
Address: 5810 N.W. 12ST., APT. C
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: MARILAND MARTINEZ,
Address: 5810 NW 12TH ST #F
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: DAMBROISIO, DANIELE
Address: 839 NW 81 TERRACE
City-St-Zip: FT LAUDERDALE, FL 33324

Title: D () Delete
Name: WALME, SERGE
Address: 8861 SUNRISE LAKES BLVD APT 102
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: PD () Delete
Name: SAINT PIERRE, MAUDELINE
Address: 5810 NW 12TH ST APT G
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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.

SIGNATURE: JULIE TAYLOR

STD

03/23/2008

Electronic Signature of Signing Officer or Director

Date