2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 710793

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 04/15/2009

Electronic Signature of Signing Officer or Director — Date