

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90002 050 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                     |                                                                                             |                                                                                                                                                                                                                                       |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 750200</b><br>1. Entity Name<br><b>GABLESTAGE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |                                                                                     |                                                                                             |                                                                                                                                                      |                                                                              |
| Principal Place of Business<br><b>1200 ANASTASIA AVE., STE. 230</b><br><b>CORAL GABLES, FL 33134 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                                                     | Mailing Address<br><b>1200 ANASTASIA AVE., STE. 230</b><br><b>CORAL GABLES, FL 33134 US</b> |                                                                                                                                                                                                                                       |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | 3. Mailing Address                                                                  |                                                                                             |                                                                                                                                                                                                                                       |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | Suite, Apt. #, etc.                                                                 |                                                                                             |                                                                                                                                                                                                                                       |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | City & State                                                                        |                                                                                             |                                                                                                                                                                                                                                       |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                    | Zip                                                                                 | Country                                                                                     | 4. FEI Number<br><b>59-1972774</b>                                                                                                                                                                                                    |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |                                                                                     |                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>ADLER, JOSEPH</b><br><b>1200 ANASTASIA AVE., STE. 230</b><br><b>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |                                                                                     |                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE _____<br/> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 20%; text-align: center;"> <b>8/20/08</b><br/> <small>DATE</small> </div> </div>                                                                            |                                                                                                            |                                                                                     |                                                                                             |                                                                                                                                                                                                                                       |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                             | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                                                                          |                                                                              |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                     |                                                                                             |                                                                                                                                                                                                                                       |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                |                                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>C</b><br><b>EHRICH, DENISE K</b><br><b>6262 SUNSET DR., P H</b><br><b>MIAMI, FL 33143</b>               | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <b>C</b><br><b>Steven m. weinger</b><br><b>2650 Sw 27 Avenue</b><br><b>MIAMI, FL 33133</b>                                                                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>SHULACK, GRETA</b><br><b>603 PUERTA AVE.</b><br><b>CORAL GABLES, FL 33143</b>               | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>BERLOW, MARLENE</b><br><b>3840 CRAWFORD AVE.</b><br><b>COCONUT GROVE, FL 33133</b>          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>COULSON, DAVID</b><br><b>1221 BRICKELL AVE</b><br><b>MIAMI, FL 33131</b>                    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>CHESTER BANDER, JO ANNE</b><br><b>500 ALAHAMBRA CIRCLE</b><br><b>CORAL GABLES, FL 33134</b> | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                            | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                              |
| 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 617, 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. |                                                                                                            |                                                                                     |                                                                                             |                                                                                                                                                                                                                                       |                                                                              |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                     | <b>Aug 20 2008</b> (305) 446-1116<br><small>Date Daytime Phone #</small>                    |                                                                                                                                                                                                                                       |                                                                              |