

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F64450**

1. Entity Name  
GABLES INTERNATIONAL EQUITIES CORPORATION



Principal Place of Business

2655 LEJEUNE RD., SUITE #711  
CORAL GABLES, FL 33134

Mailing Address

2655 LEJEUNE RD., SUITE #711  
CORAL GABLES, FL 33134



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2189326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LAURA L. RUSSO, EDG.  
2655 LEJEUNE RD. SUITE 201  
MIAMI, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME DAVIDSON, STANLEY S  
STREET ADDRESS 2655 LEJEUNE RD  
CITY-ST-ZIP CORAL GABLES, FL 00000

TITLE DS  
NAME VILLAR, MARIA I  
STREET ADDRESS 2655 LEJEUNE RD  
CITY-ST-ZIP MIAMI, FL 33134

TITLE DV  
NAME DAVIDSON, JEFFREY  
STREET ADDRESS 2655 LEJUANE RD  
CITY-ST-ZIP MIAMI, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000627202  
02/15/07-80051-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X 2/15/07**