


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90050 026 \*\*\*150.00

<b>DOCUMENT # H73902</b> 1. Entity Name <b>SEVEN GABLES ENTERPRISES, INC.</b>					
Principal Place of Business % RAUL E. VALDES-FAULI 2 S. BISCAYNE BLVD. STE.3400 MIAMI, FL 33131			Mailing Address % RAUL E. VALDES-FAULI 2 S. BISCAYNE BLVD. STE.3400 MIAMI, FL 33131		
2. Principal Place of Business <b>901 PONCE DE LEON Blvd</b> Suite, Apt. #, etc. <b>501</b>			3. Mailing Address <b>901 PONCE DE LEON Blvd.</b> Suite, Apt. #, etc. <b>501</b>		
City & State <b>CORAL GABLES, FL</b>			City & State <b>CORAL GABLES, FL</b>		
Zip <b>33134</b>		Country <b>USA</b>		4. FEI Number <b>59-2647182</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required <input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent <del>VALDES-FAULI CORP SVCS INC</del> <del>ONE BISCAYNE TWR STE 3400</del> <del>2 SO BISCAYNE BLVD</del> <del>MIAMI, FL 33131</del>			7. Name and Address of New Registered Agent Name <b>ANDRES J. IRIONDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 PONCE DE LEON Blvd. #501</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>		
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 <u><i>Andres J. Iriondo</i></u> DATE <b>4/6/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASTURIAS, MARIO 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASTURIAS, YVONNE T. 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBLES, LORENA A. 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VA</del> <del>VALDES-FAULI, RAUL E.</del> <del>2 S BISCAYNE BLVD. #3400</del> <del>MIAMI, FL 33131</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDRES J. IRIONDO 901 PONCE DE LEON Blvd. #501 CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Andres J. Iriondo</i></u> <b>ANDRES J. IRIONDO</b> <b>4/6/04</b> <b>305 445064</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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