


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # K58256

1. Entity Name
GABLES RENTAL UNLIMITED, INC.



Principal Place of Business Mailing Address

5271 S.W. 5 ST **5271 S.W. 5 ST**
MIAMI, FL 33134 **MIAMI, FL 33134**

DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0102073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOYOS, WALDO
837 LORCA ST
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$650.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOYOS, SUSANA 837 LORCA ST. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOYOS, HILDA D. 837 LORCA ST. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOYOS, WALDO 837 LORCA ST CORAL GABLES, FL 33134
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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:  **3-9-08** **305-443-7949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #