

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70883

FILED
Jul 01, 2005
Secretary of State

Entity Name: GABLES ELECTRIC SUPPLY CORP.

Current Principal Place of Business:

12910 S.W. 122 AVENUE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12910 S.W. 122 AVENUE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0192534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILBERT, STAN
1119 LISBON STREET
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILBERT, STAN
Address: 1119 LISBON STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: GILBERT, CORA
Address: 1119 LISBON STREET
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN GILBERT

P

07/01/2005

Electronic Signature of Signing Officer or Director

Date