2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # M42443 1. Entity Name GABLES COURT PROFESSIONAL CENTER, INC.								04-23-2004 90237 049 ***150.00					
Principal Place of Business Mailing Address													
1430 S. DIXIE HWY. 6555 N.W. 36 ST.												**	
' MIAMI, FL 33146 US STE #114									*				
MIAMI, FL 33166 US								1 19918811 III B	TOTAL CONTRACTOR PROPERTY.		4 E1EN EMU EIE		
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2. Principal Place of Business				3. Mailing Address					[alb a] b [a] b [a]				
Suite, Apt. #, etc.				Suite, Apt. #, etc.									
Suite, Apt. #, etc.			İ	Ste 205				03262004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State				4. FEI Number				oplied For	
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Zip		Country		Zip 27 (163	Cou	intry	-	5 Cortificate o	f Status Desired		\$8.75 Add	ditional	
				>>14	<u> </u>						Fee Require	ed .	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
TALLA CAMED							Name						
TAHA, SAMIR 6555 N.W. 36 ST.						Street Address (P.O. Box Number is Not Acceptable)							
6333 N.VV. 36 ST. STE #114													
MIAMI, FL 33166													
					City					Zip Cod	le		
							´ FL The state of the state						
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.													
·	ions or regist	orea agent.											
SIGNATURE_			-		-							<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
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12, Thereby o	certify that th	e information supp	lied with t	his filing does not qual	ify for the ex	emotion stat	ed in Sc	ection 119 07/3\/i\	Florida Statutes	I further cou	tifu that the i	information	
12. Thereby 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.												r or director	