


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M43700</b> 1. Entity Name <b>GABLES TRAILER PARK, INC.</b>			
Principal Place of Business <b>935 S.W. 44 AVE. LOT B-224 MIAMI FL 33134</b>		Mailing Address <b>BURLEIGH KAPLAN 5838 COLONY COURT BOCA RATON FL 33433-5202 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FCI Number <b>59-2749644</b>		Applied For <input type="checkbox"/> Not Applied	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KAPLAN, BURLEIGH 5838 COLONY COURT BOCA RATON FL 33433-5202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		1st MOORE CR2E034 (10/05)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Added to Fee	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAPLAN, BURLEIGH 5838 COLONY COURT BOCA RATON FL 33433-5202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add  100000406053 02/07/06-80066-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, LILY 5838 COLONY COURT BOCA RATON FL 33433-5202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CYNTHIA 3062 NW 61ST ST. FORT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, CHERYL 555NE 34TH ST., APT. #1101 MIAMI FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Burleigh Kaplan, President 24 January 2006 (305)-542-1199