

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # M43700
 1. Entity Name
GABLES TRAILER PARK, INC.



Principal Place of Business
 935 S.W. 44 AVE.
 LOT B-224
 MIAMI FL 33134

Mailing Address
 BURLEIGH KAPLAN
 5838 COLONY COURT
 BOCA RATON FL 33433-5202
 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-2749644** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAPLAN, BURLEIGH
5838 COLONY COURT
BOCA RATON FL 33433-5202

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (Signature, typed or printed name of registered agent and title, applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	KAPLAN, BURLEIGH
STREET ADDRESS	5838 COLONY COURT
CITY ST ZIP	BOCA RATON FL 33433-5202
TITLE	D <input type="checkbox"/> Delete
NAME	KAPLAN, LILY
STREET ADDRESS	5838 COLONY COURT
CITY ST ZIP	BOCA RATON FL 33433-5202
TITLE	D <input type="checkbox"/> Delete
NAME	HOWARD, CYNTHIA
STREET ADDRESS	3062 NW 61ST ST.
CITY ST ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	KAPLAN, CHERYL
STREET ADDRESS	555NE 34TH ST., APT. #1101
CITY ST ZIP	MIAMI FL 33137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000604005
CITY ST ZIP	01/29/07-80037-006 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

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** **01/22/07** **(305) 542-1199**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #