

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M43700

FILED
Jan 27, 2009
Secretary of State

Entity Name: GABLES TRAILER PARK, INC.

Current Principal Place of Business:

935 S.W. 44 AVE.
LOT B-224
MIAMI, FL 33134

New Principal Place of Business:

825-935-955 S.W. 44TH AVENUE
MIAMI, FL 33134 US

Current Mailing Address:

BURLEIGH KAPLAN
5838 COLONY COURT
BOCA RATON, FL 334335202 US

New Mailing Address:

FEI Number: 59-2749644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, BURLEIGH
5838 COLONY COURT
BOCA RATON, FL 334335202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KAPLAN, BURLEIGH,
Address: 5838 COLONY COURT
City-St-Zip: BOCA RATON, FL 334335202

Title: D () Delete
Name: KAPLAN, LILY
Address: 5838 COLONY COURT
City-St-Zip: BOCA RATON, FL 334335202

Title: D () Delete
Name: HOWARD, CYNTHIA
Address: 3062 NW 61ST ST.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: KAPLAN, CHERYL
Address: 555NE 34TH ST., APT. #1101
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: BURLEIGH KAPLAN

PSTD

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date