


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90087 008 \*\*\*150.00

DOCUMENT # M49854  
 1. Entity Name  
**GABLES HOLDING CORP.**



Principal Place of Business      Mailing Address  
 2801 PONCE DE LEON BLVD      2801 PONCE DE LEON BLVD  
 SUITE 455                              SUITE 455  
 CORAL GABLES FL 33134          CORAL GABLES FL 33134



2. Principal Place of Business      3. Mailing Address  
*4151 Douglas Rd*                      *4151 Douglas Rd*  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
*Miami FL*                              *Miami FL*  
 Zip      Country      Zip      Country  
*33133*      *USA*                      *33133*      *USA*

4. FEI Number      Applied For  
**59-2797538**                       Not Applicable

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

6. Name and Address of Current Registered Agent  
**PRAHL, H. WILLIAM JR.**  
**2801 PONCE DE LEON BLVD, BLVD.**  
**SUITE 455**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name *Prahl, H. William, Jr*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4151 Douglas Rd*  
 City *Miami*      FL      Zip Code *33133*

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 *Heather Prahl, Jr*      *H. William Prahl, Jr*      *02-07-06*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRAHL, H. WILLIAM, JR. 4151 DOUGLAS RD MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRAHL, ROBERT A. 3821 EL PRADO MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Heather Prahl, Jr*      *H. William Prahl, Jr*      *02-07-06*      *305-661451*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #