

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

2801 PONCE DE LEON BLVD
SUITE 455
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD
SUITE 455
CORAL GABLES FL 33134



2. Principal Place of Business

4151 Douglas Rd

Suite, Apt. #, etc.

3. Mailing Address

4151 Douglas Rd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-2797538

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

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

H. William 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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME PRAHL, H. WILLIAM, JR.
STREET ADDRESS 4151 DOUGLAS RD
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ Delete
NAME PRAHL, ROBERT A.
STREET ADDRESS 3821 EL PRADO
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

H. William PRAHL, Jr *H. William PRAHL, Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-06

305-661451

Date

Daytime Phone #