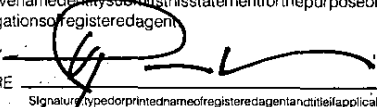
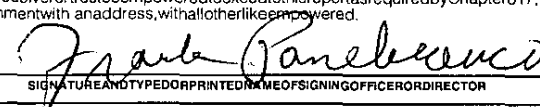


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90036 026 ****61.25

DOCUMENT# N27833 1. Entity Name GABLESLAROC CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 441 VALENCIA AVE CORAL GABLES, FL 33134 US		Mailing Address 441 VALENCIA AVE CORAL GABLES, FL 33134 US		34000013 	
2. Principal Place of Business SAME		3. Mailing Address SAME		01082004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0105755	
City & State		City & State		Applied For ☐ Not Applicable	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		6. Name and Address of Current Registered Agent GALIANAMANAGEMENT SERVICES, INC. 250S.W.21ROAD MIAMI, FL 33129-1433	
7. Name and Address of New Registered Agent Name CADICORP MANAGEMENT GROUP Street Address (P.O. Box Number is Not Acceptable) 7154-B SOUTH WEST 47TH STREET City MIAMI FL 33155		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 obligation of registered agent.			
SIGNATURE 		JOSE C. PASOS FOR CADICORP MANAGEMENT 04-15-2004 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-instating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PANE BIANCO, FRANK 441 VALENCIA AVENUE, #1201 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT RAND, JERRY 441 VALENCIA AVENUE, #603 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, JOHN 441 VALENCIA AVENUE, #303 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, SYDNEY 441 VALENCIA AVENUE, #902 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOCLES, HILDA 441 VALENCIA AVENUE, #801 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 		4/6/04 305-444-1025 Signature and typed or printed name of signing officer or director Date Daytime Phone#			