


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90032 017 \*\*\*\*61.25

<b>DOCUMENT # N95000000358</b>			
1. Entity Name <b>GABLES TERRACE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 2351 S.W. 37TH AVE. MIAMI FL 33145		Mailing Address 2351 S.W. 37TH AVE. CONDOMINIUM OFFICE MIAMI FL 33145	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>REHR, MICHAEL E 9500 S DADELAND BLVD., STE 550 MIAMI FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0362324** Applied For  
 Not Applicable

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

<b>FILE NOW. FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORES, ISABEL ROMEO 2351 SW 37 AVE, #506 MIAMI FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President of Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nelson Hincapié 2351 Douglas Rd (37th Ave.) PH3 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ-FOHTS, OSCAR 2351 SW 37 AVE, #1002 MIAMI FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec of Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELA Dominguez 2351 Douglas Rd. #803 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RODRIGUEZ, OLGA 2351 SW 37 AVE, #703 MIAMI FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vanessa Torrey #910 2351 Douglas Rd MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: ELA Dominguez

*[Handwritten Signature]* 2/2/06, See