
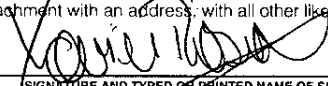


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90014 016 \*\*\*150.00

DOCUMENT # P0000047861						
1. Entity Name GABLES SQUARE HOLDINGS, INC.						
Principal Place of Business 2600 DOUGLAS ROAD #204 CORAL GABLES, FL- 33134		Mailing Address 2600 DOUGLAS ROAD #204 CORAL GABLES, FL- 33134				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01302004    Chg-P    CR2E034 (10/03)		
6. Name and Address of Current Registered Agent			4. FEI Number			
LOUMIET, JUAN GREENBERG TRAUIG 1221 BRICKELL AVENUE MIAMI, FL 33131-2525			65-1005357		Applied For	
					Not Applicable	
			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
			7. Name and Address of New Registered Agent			
			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			FL    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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	X. FRANCISCO ROSALES		NAME	ROSALES, X. FRANCISCO		
STREET ADDRESS	2600 DOUGLAS ROAD #204		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVITT, STEVEN T		NAME			
STREET ADDRESS	2600 DOUGLAS ROAD #204		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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 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: 		X. FRANCISCO ROSALES		2/09/04    (305) 444-1620		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		