

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000010271

1. Entity Name
GABLES DIRECT LENDING, CORP.



FILED
04 MAY -3 PM 12:17
TALLAHASSEE, FLORIDA

Principal Place of Business
**228 ALMERIA AVENUE
CORAL GABLES, FL**

Mailing Address
**228 ALMERIA AVENUE
CORAL GABLES, FL**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004 Chg-P CR2E034 (10/03)

4. FEI Number

65-1149085

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DADE CORPORATE SERVICES, INC.
2300 CORAL WAY
SUITE 103
MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

200035795032

05/10/04--01024--026 ***158.75
FL Zip Code

City

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

[Signature]

president

4/29/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ALVAREZ, ANA MARGARITA**
STREET ADDRESS **4151 SEGOVIA STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D** ☒ Change ☐ Addition
NAME **CRUZ, ANA MARGARITA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

[Signature]
ANA MARGARITA CRUZ

ANA M. CRUZ, D

DATE

4/28/04

Daytime Phone #

(305) 854-1040