


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000010271 1. Entity Name GABLES DIRECT LENDING, CORP.	
---	---

FILED
07 APR 23 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2725 SALZEDO STREET 2ND FLOOR CORAL GABLES, FL 33134	Mailing Address 2725 SALZEDO STREET 2ND FLOOR CORAL GABLES, FL 33134
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01222007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1070405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY SUITE 103 MIAMI, FL 33145	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, MIRIAM	NAME	
STREET ADDRESS	228 ALMERIA AVE.	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL	CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ANA M	NAME	
STREET ADDRESS	2725 SALZEDO ST, 2ND FLOOR	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	<i>8/24/05</i>	NAME	
STREET ADDRESS		STREET ADDRESS	800099082888
CITY - ST - ZIP		CITY - ST - ZIP	04/27/07--01010--027 **158.75
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 exemptions contained in Chapter 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: *[Signature]* 3/30/07 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANA M. CRUZ, President