


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90056 003 ***158.75

DOCUMENT # P01000052297

1. Entity Name
GABLES SMILE SKIN CARE, INC.



Principal Place of Business
**401 MIRACLE MILES SUITE 109
CORAL GABLES FL 33134**

Mailing Address
**401 MIRACLE MILES SUITE 109
CORAL GABLES FL 33134**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1106814**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOBON, SILVIA E
401 MIRACLE MILES SUITE 109
CORAL GABLES FL 33134

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	TOBON, SILVIA E
STREET ADDRESS	4225 SW 10TH ST
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	V <input type="checkbox"/> Delete
NAME	TOBON, ELIAS
STREET ADDRESS	4225 SW 10TH ST
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 agents empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED DIRECTOR** **APRIL 15, 2003** **305-529-9595**

Signature and type or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)