2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 07, 2007
Secretary of State

DOCUMENT# P01000090781

Entity Name: GABLES LENDING CORPORATION

Current Principal Place of Business:

3066 SW 38 AVE
MIAMI, FL 33146

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140571
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-1144328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALCERAN, JORGE
3800 BIRD ROAD
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GALCERAN, JORGE
Address: P.O. BOX 140571
City-St-Zip: CORAL GABLES, FL 33114

Title: S ( ) Delete
Name: GALCERAN, CHRISTINE M
Address: P.O. BOX 140571
City-St-Zip: CORAL GABLES, FL 33114

Title: T ( ) Delete
Name: GALCERAN, CHRISTINE M
Address: P.O. BOX 140571
City-St-Zip: CORAL GABLES, FL 33114

Title: D ( ) Delete
Name: GALCERAN, JORGE
Address: P.O. BOX 140571
City-St-Zip: CORAL GABLES, FL 33114

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D, M ( ) Change (X) Addition
Name: CABRERIZO, TOMAS
Address: 6340 SUNSET DR
City-St-Zip: MIAMI FL, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EQRAMUL I. CHOWDHURY RA 09/07/2007
Electronic Signature of Signing Officer or Director Date