## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 25, 2005 8:00 am Secretary of State 02-25-2005 90156 018 \*\*\*150.00 DOCUMENT # P0200001-1291 GABLES MORTGAGE CORPORATION Principal Place of Business Mailing Address 50019271 5200 SW 8 STREET 5200 SW 8 STREET 207A 207A CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 02172005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 02-0562875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent VALDES-PAGES, JORGE A 910 CALBIRA AVENUE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing , \$5.00 May Be FILE NOWIL FEE IS \$150.00 ā After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE VALDES-PAGÓS, JORGE - -NAME : 7 STREET ADDRESS 910 CALBIRA CORAL GABLES, FL 33146 CITY-ST-Zi2 TITLE MANE STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-72 IIII ê -NAME STREET ADDRESS City-St-Z2

12. Thereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TiTLE NAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**