## 2008 FOR PROFIT ORPORATION ANNUAL REPORT

## **DOCUMENT # P02000011291**

GABLES MORTGAGE CORPORATION



**FILED** Mar 17, 2008 08:00 AN Secretary of State

Principal Place of Business

5200 SW 8 STREET 207A CORAL GABLES, FL 33134 Mailing Address

**5200 SW 8 STREET** 

207A

CORAL GABLES, FL 33134



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03052008

4. FEI Number 02-0562875

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

VALDES-PAGES, JORGE A 910 CALBIRA AVENUE CORAL GABLES EL 33134

## DO NOT WRITE

| OOMAL ONDEED, TE OOTO-   |   |                                   | IN THIS SPACE          |               |              |   |                                       |
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| <ol> <li>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<br/>the obligations of registered agent.</li> </ol> |   |                                   |                        |               |              |   |                                       |
| SIGNATURE  |   |                                   |                        |               |              |   |                                       |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution   |   |                                   | \$5.00 M<br>Added to F | ay Be<br>ees  |              |   |                                       |
| 10.  | OFFICERS AND DIREC                                | CTORS                             | 1.                     |               |              |   |                                       |
| MILE   | PTSD  |                                   |                        | •             |              |   |                                       |
| NAME   | VALOES-PACES, JORGE                               |                                   |                        | _             |              |   |                                       |
| STREET ADDRESS   | 910 CALBIRA AVE                                   |                                   | i :                    |               |              |   |                                       |
| City-St-ZiP  | CORAL GABLES, FL 33134                            |                                   |                        |               | •            |   | ,                                     |
| TITLE  |   |                                   |                        |               |              |   |                                       |
| NAME   |   |                                   |                        |               |              | Unnadharadar  |                                       |
| STREET ADDRESS   |   |                                   |                        |               |              | U00000859095<br>04/02/08-80008-007  | ro no                                 |
| CITY-ST-ZIP  |   |                                   | ****                   |               | 1.00         |   | .ວນ. ນຸບ                              |
| TITLE  |   |                                   |                        |               | 1            |   |                                       |
| NAME   |   |                                   |                        | 1.35          |              |   | 100                                   |
| STREET ADDRESS   |   |                                   |                        | \$ 11         | $\mathbf{D}$ | NOT WRITE   |                                       |
| CHY-SI-ZIP   |   |                                   | i i                    | į.            | UU           | MOT ANIZITE   |                                       |
| TITLE  |   |                                   |                        |               | IN.          | THIS SPACE  |                                       |
| NAME   |   |                                   |                        |               | 114          | THO OF MOL  |                                       |
| STREET ADDRESS   |   |                                   | <b>'</b> ,             |               |              |   |                                       |
| CITY-ST-ZIP  |   |                                   | •                      |               | <i>(</i> )   |   |                                       |
| πne  |   |                                   | ,,                     |               | 5 .          |   | ,                                     |
| NAME   |   |                                   | ×                      |               |              |   |                                       |
| STREET ADDRESS   | ,   |                                   |                        |               | ·            |   |                                       |
| CITY-SI-ZIP  |   |                                   |                        | •             |              |   |                                       |
| titre .  |   |                                   |                        |               |              |   | 1.                                    |
| NAME   |   |                                   | <b>.</b>               | ,             |              |   |                                       |
| STREET ADDRESS   |   |                                   | . :                    |               |              |   |                                       |
| City-St-ZiP  |   |                                   | 14. 1                  | -             | 1)           | <u> 18. jan 18. j</u> |                                       |
| 12. I hereby o   | ertify that the information supplied with this fi | ling does not qualify for the ex- | emptions con           | tained in Cha | apter 119    | , Florida Statutes, I further certify that the  | nformation                            |

of the corporation or the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if