


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

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90189 048 \*\*\*150.00

**DOCUMENT # P02000031184**

1. Entity Name  
**GABLES INVESTMENT CORP.**



Principal Place of Business  
**702 SW 57 AVE.  
MIAMI FL 33144**

Mailing Address  
**702 SW 57 AVE.  
MIAMI FL 33144**

**55038866**



2. Principal Place of Business  
**702 SW 57 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**702 SW 57 AVE**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**010642292**

Applied For  
Not Applicable

Zip  
**33144**

Country  
**DADE**

Zip  
**33144**

Country  
**DADE**

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

6. Name and Address of Current Registered Agent  
**GARCIA-DAVID 250 SW 84 AVE  
MIAMI FL  
33144**

7. Name and Address of New Registered Agent  
Name  
**DAVID GARCIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**250 SW 84<sup>th</sup> AVE**  
City  
**Miami** FL Zip Code  
**33144**

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   
Signature typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARCIA, DAVID 250 SW 84 AVE MIAMI FL 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE  **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)