

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90050 003 ***150.00

DOCUMENT # P02000053679

1. Entity Name
GABLES RESIDENTIAL PLAZA CORPORATION



Principal Place of Business
**2903 SALZEDO STREET
CORALGABLES, FL 33134**

Mailing Address
**2903 SALZEDO STREET
CORALGABLES, FL 33134**

400000



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0095112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARRERO, JULIO C
2903 SALZEDO STREET
CORALGABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARRERO, JULIO 2903 SALZEDO STREET CORALGABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARRERO, FANIO 2903 SALZEDO ST. CORALGABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARRERO, JULIO 2903 SALZEDO ST. CORALGABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GALCERAN, GILBERTO 2903 SALZEDO ST. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/07

Date

305-444-0163

Daytime Phone #