

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079921

FILED
Feb 22, 2008
Secretary of State

Entity Name: 3080 GABLES LENDING CORP.

Current Principal Place of Business:

3080 SW 38 CT
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140571
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 42-1544596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, JULIO
2903 SALZEDO ST
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

CHOWDHURY, EQRAMUL I
2903 SALZEDO ST, PENTHOUSE ONE
CORAL GABLES, FL 33146 US

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: EQRAMUL I. CHOWDHURY, J.D. 02/22/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,M (X) Change () Addition
Name: GALCERAN, JORGE
Address: P.O. BOX 140571
City-St-Zip: CORAL GABLES, FL 33114 US

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

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:

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: JORGE GALCERAN D 02/22/2008
Electronic Signature of Signing Officer or Director Date