

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90192 050 ***150.00

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1. Entity Name
GABLES TITLE SERVICES, INC.



Principal Place of Business
7450 SW 64 STREET
MIAMI, FL 33143 US

Mailing Address
7450 SW 64 STREET
MIAMI, FL 33143 US

J4U7U1U1



2. Principal Place of Business
2000 Ponce de Leon Blvd
Suite, Apt. #, etc.
10th Floor

3. Mailing Address
2000 Ponce de Leon Blvd
Suite, Apt. #, etc.
Sixth Floor

03032004 Chg-P CR2E034 (10/03)

City & State
Coral Gables FL
Zip
33134 Country
USA

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Coral Gables FL
Zip
33134 Country
USA

4. FEI Number
04-3782780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DECESPEDES, MARLENE C
7450 SW 64 STREET
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name
Marlene De Cespedes
Street Address (P.O. Box Number is Not Acceptable)
2000 Ponce de Leon Blvd.
10th Floor
City
Coral Gables FL Zip
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 *Marlene De Cespedes*

DATE 3.3.04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DECESPEDES, MARLENE C
STREET ADDRESS 7450 SW 64 STREET
CITY-ST-ZIP MIAMI, FL 33143

TITLE D ☐ Delete
NAME PILOTO, MARIA
STREET ADDRESS 7450 SW 64 STREET
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Marlene De Cespedes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3.3.04

DATE

DAYTIME PHONE # 305.567.1601

DAYTIME PHONE #