


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90192 050 ***150.00

DOCUMENT # P03000032008

1. Entity Name
GABLES TITLE SERVICES, INC.



Principal Place of Business Mailing Address

7450 SW 64 STREET **7450 SW 64 STREET**
MIAMI, FL 33143 US **MIAMI, FL 33143 US**

J4U7U1U1



2. Principal Place of Business 3. Mailing Address

2000 Ponce de Leon Blvd **2000 Ponce de Leon Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
10th Floor **SIXTH FLOOR**

03032004 Chg-P CR2E034 (10/03)

City & State City & State

Coral Gables FL **Coral Gables FL**

Zip Country Zip Country

33134 USA **33134 USA**

4. FEI Number Applied For

04.3782780 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.

City **Coral Gables** FL **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 **M 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DECESPEDES, MARLENE C
STREET ADDRESS	7450 SW 64 STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	PILOTO, MARIA
STREET ADDRESS	7450 SW 64 STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **M de Cespedes** Date **3.3.04** Daytime Phone # **305.567.1601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR