

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032008

FILED
Apr 30, 2005
Secretary of State

Entity Name: GABLES TITLE SERVICES, INC.

Current Principal Place of Business:

2000 PONCE DE LEON BLVD., 6TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

1150 NW 72 AVE.
455
MIAMI, FL 33126 US

Current Mailing Address:

2000 PONCE DE LEON BLVD., 6TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

1150 NW 72 AVE.
455
MIAMI, FL 33126 US

FEI Number: 04-3782780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECESPEDES, MARLENE C
2000 PONCE DE LEON BLVD., 6TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DECESPEDES, MARLENE C
1150 NW 72 AVE.
455
MIAMI, FL 33126 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: MARLENE C DE CESPEDES

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECESPEDES, MARLENE C
Address: 7450 SW 64 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: D () Delete
Name: PILOTO, MARIA
Address: 7450 SW 64 STREET
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DECESPEDES, MARLENE C
Address: 1150 NW 72 AVE.#455
City-St-Zip: MIAMI, FL 33126 US

Title: D (X) Change () Addition
Name: PILOTO, MARIA
Address: 1150 NW 72 AVE.#455
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARLENE C DE CESPEDES

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date