

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P03000032008

1. Entity Name
GABLES TITLE SERVICES, INC.



FILED

05 JUL 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1150 NW 72 AVE. 455 MIAMI, FL 33126 US	Mailing Address 1150 NW 72 AVE. 455 MIAMI, FL 33126 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 04-3782780	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



07252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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	D <input type="checkbox"/> Delete DECESPEDES, MARLENE C 1150 NW 72 AVE.#455 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PILOTO, MARIA 1150 NW 72 AVE.#455 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900058486449 08/11/05--01050--020 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Marie Piloto, Director, GABLES TITLE SERVICES, INC.** Date _____ Daytime Phone # _____

WWW.FLORIDA.SOS.JUL 27 2005

RESIGNATION

I, the undersigned officer and director of GABLES TITLE SERVICES, INC., a Florida corporation, do hereby tender my resignation, to take effect immediately.

. DATED this 25th day of July, 2005.



WITNESS



MARIA PILOTO, DIRECTOR



WITNESS

Charter Number Only

7-26-05.

TERMINELLO + TERMINELLO

Requestor's Name

2100 SW 37 AVE

Address

Miami, FL 33133

City

State

ZIP

Phone

(305) 444-5002

VALIDATION ONLY

STATE DEPARTMENT OF CORPORATIONS
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

05 JUL 27 AM 9:57

RECEIVED

CORPORATION(S) NAME

Gables Title Services, Inc.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Annual Report *Amended*
- Reservation
- Photo Copies
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028