

# 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
PILOTO, MARIA  
1150 NW 72 AVE.#455  
MIAMI, FL 33126**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**900058486449  
08/11/05--01050--020 \*\*\$61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

**Maria Piloto, Director, GABLES TITLE SERVICES, INC.**

Date

Daytime Phone #

W. Williams 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 25<sup>th</sup> day of July, 2005.



WITNESS



MARIA PILOTO, DIRECTOR



WITNESS

Charter Number Only

VALIDATION ONLY

RECEIVED

05 JUL 27 AM 9:57

STATE  
DEPARTMENT OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

7-26-05.

TERMINELLO + TERMINELLO

Requestor's Name

2100 SW 37 AVE

Address

MIAMI, FL 33133

City

State

ZIP

Phone

(305) 444-5002

CORPORATION(S) NAME

Gables Title Services, Inc.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☒ Annual Report

☐ Reservation

☐ Other

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Walk In

☐ Call If Problem

☐ Will Wait

☒ Pick Up

☐ After 4:30

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier