2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000052736

FILED Jun 12, 2009 Secretary of State

Entity Nar	ne: GABLES	INSURANCE AGENCY, COF	RP.	•	
Current Pi	rincipal Place	e of Business:	New Principal Place	of Business:	
4070 LAGU REAR CORAL GA	JNA ST ABLES, FL 33	146			
	ailing Addres		New Mailing Address	New Mailing Address:	
4070 LAGU REAR CORAL GA	JNA ST ABLES, FL 33	:146	-		
FEI Number:	20-3657437	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	lame and Address of New Registered Agent:	
HELLINGER, PENABAD, P.A. 3050 BISCAYNE BLVD., STE 700 MIAMI, FL 33137 US			MELAMUD, MICHAEL 4070 LAGUNA STREE CORAL GABLES, FL	T	
	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: MICHAEI	_ MELAMUD		06/12/2009	
	Electro	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (MELAMUD, MI 4070 LAGUNA CORAL GABLE	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (SEROLA, ROG 4070 LAGUNA CORAL GABLE	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL MELAMUD DP 06/12/2009