

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000052736

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** GABLES INSURANCE AGENCY, CORP.

**Current Principal Place of Business:**

4206 LAGUNA ST  
C  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4206 LAGUNA ST  
C  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-3657437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELAMUD, MICHAEL  
4206 LAGUNA STREET  
C  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

MELAMUD, MICHAEL A  
4206 LAGUNA STREET  
C  
CORAL GABLES, FL 33146 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: MICHAEL A. MELAMUD

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MELAMUD, MICHAEL A  
Address: 4206 LAGUNA ST  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A. MELAMUD

DP

01/09/2012

Electronic Signature of Signing Officer or Director

Date