

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089556

Entity Name: 2 SCOOPS GABLES, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

80 ARAGON
CORAL GABLES,, FL 33134

New Principal Place of Business:

80 ARAGON AVE
CORAL GABLES,, FL 33134

Current Mailing Address:

1900 SUNSET HARBOUR DR
2314
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 11-3702352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWAYEK, MARISA
1900 SUNSET HARBOUR DR
2314
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAWAYEK, MARISA
Address: 1900 SUNSET HARBOUR DR. APT. 2314
City-St-Zip: MIAMI BEACH, FL 33139

Title: S/T () Delete
Name: FERNANDEZ, ANA R
Address: 1900 SUNSET HARBOUR DR. APT. 2314
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARISA HAWAYEK

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date