

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155655

**FILED**  
**Sep 08, 2004**  
**Secretary of State**

**Entity Name:** GABLES MORTGAGE LENDERS, INC.

**Current Principal Place of Business:**

42 N.W. 27TH AVENUE  
SUITE 403  
MIAMI, FL 33125

**New Principal Place of Business:**

123 NORTH KROME AVENUE  
SUITE 102  
HOMESTEAD, FL 33030

**Current Mailing Address:**

42 N.W. 27TH AVENUE  
SUITE 403  
MIAMI, FL 33125

**New Mailing Address:**

123 NORTH KROME AVENUE  
SUITE 102  
HOMESTEAD, FL 33030

**FEI Number:** 20-0519875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDINA, RAMON  
42 N.W. 27TH AVENUE  
SUITE 403  
MIAMI, FL 33125

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

MEDINA, RAMON  
123 NORTH KROME AVENUE  
SUITE 102  
HOMESTEAD, FL 33030

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

09/08/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MEDINA, RAMON  
Address: 42 N.W. 27TH AVENUE  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MEDINA, RAMON  
Address: 123 NORTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

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: RAMON MEDINA

D

09/08/2004

Electronic Signature of Signing Officer or Director

Date