## 2007 FOR PROFIT CORPORATION

## FILED Mar 20, 2007 8:00 am Secretary of State

ANNUAL REPORT	Secretary or State
DOCUMENT # P04000068938	03-20-2007 90020 018 ***150.00
1. Entity Name 410 GABLE HOLDINGS, INC.	
Principal Place of Business Mailing Address 520 BRICKELL KEY ST - STE 0-305 S20 BRICKELL KEY ST - SMAMI, FL 33131 MIAMI, FL 33131	STE 0-305 40039333
WEATHER, I L 33131 WEATHER, I L 33131	
2 Principal Place of Business - No P.O. Box # 3. Mailing Address, 520 Brickell Key DR we 520 Brickell	Key Drive 11 11 11 11 11 11 11 11 11 11 11 11 11
Suite, Apt. #0-305 Suite, Apt. 0-305 Suite, Apt. 0-305	02272007 Chg-P CR2E034 (12/06)
Miami & FL Miami & FL	4. FEI Number Applied For 56-2455496 Not Applicable
3313 USA 33131	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent  Transalabal Corporate Administration LLC
TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY ST - STE O-305	Super Actions (RO, Box Number (s Not Acceptable)
MIAMI, FL 33131	Suite 0-305 )
	cii Miami FL 33/3/
<ol><li>The above named entity submits this statement for the purpose of changing its re- the obligations of registered agent.</li></ol>	agistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Registered Agent signature required when reinstating)  DATE
FILE NOW!!! FEE S \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contrib	
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME FREEMAN, STEPHEN A  STREET ADDRESS  520 BRICKELL KEY ST - STE O-305	TITLE PD Change Daddition  NAME EIGER, Walley  STREET ADDRESS 520 BRICKELL Key DRIVE. Suite 0-305
CITY-ST-ZIP MIAMI, FL 33131	CITY-ST-ZIP Main, PL 3313
TITLE Delete	TITLE Change Addition
STREET ADDRESS CITY- ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE Delete	TTLE Change Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE Delete	TITLE Change Addition
STREET ADDRESS CITY- ST-ZIIP	STREET ADDRESS CITY-ST-ZIP
TTTLE Celete	TITLE Change Addition
NAME STREET ADDRESS CITY- ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE Delete	TITLE Change Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filling does not qualify for	the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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 pther the empowered.

SIGNATURE: