


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90031 036 \*\*\*150.00

|                                     |  |   |
|-------------------------------------|--|---|
| <b>DOCUMENT # P04000106544</b>      |  |  |
| 1. Entity Name<br>GABLES A.S., P.A. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>224 COMMERCIAL BLVD., SUITE 200<br>LAUDERDALE BY THE SEA, FL 33308 | Mailing Address<br>224 COMMERCIAL BLVD., SUITE 200<br>LAUDERDALE BY THE SEA, FL 33308 |
|---|---|

66027242



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

06302005 Chg-P CR2E034 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-1388236 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>CORPORATE CREATIONS NETWORK, INC.<br>11380 PROSPERITY FARMS ROAD #221E<br>PALM BEACH GARDENS, FL 33410 |  |
|---|--|

|  |                             |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent  |                             |
| Name<br><b>JORGE A. HIDALGO</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>224 COMMERCIAL BOULEVARD #200</b> |                             |
| City<br><b>LAUDERDALE BY THE SEA, FL 33308</b>   |                             |
| City<br><b>LAUDERDALE BY THE SEA</b>   | FL Zip Code<br><b>33308</b> |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*J. Hidalgo*

Signature, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

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

| 10. OFFICERS AND DIRECTORS                     |   | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HIDALGO, JORGE E<br>224 COMMERCIAL BLVD., SUITE 200<br>LAUDERDALE BY THE SEA, FL 33308 | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/>        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. Hidalgo*

SIGNATURE AND CAPTION OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

66027242

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 1, 2005

GABLES A.S., P.A.  
224 COMMERCIAL BLVD., SUITE 200  
LAUDERDALE BY THE SEA, FL 33308

Subject: GABLES A.S., P.A.

Reference Number: P04000106544

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION

*mailed back - 9/16/05*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314