

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
Jun 01, 2005 8:00 am
Secretary of State

05-03-2005 90238 001 ****75.00
 05-03-2005 90238 002 ****75.00

DOCUMENT # P04000144799

1. Entity Name
GABLES BEACH, INC.



Principal Place of Business
**801 ARTHUR GODFREY ROAD, SUITE 600
 MIAMI BEACH, FL 33140**

Mailing Address
**801 ARTHUR GODFREY ROAD, SUITE 600
 MIAMI BEACH, FL 33140**

66020452



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1774158

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PEARCE, PAM
 801 ARTHUR GODFREY ROAD, SUITE 600
 MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BITTEL, STEPHEN H	801 ARTHUR GODFREY ROAD, SUITE 600	MIAMI BEACH, FL 33140	<input type="checkbox"/>
VP	BLASI, PATRICIA M	801 ARTHUR GODFREY ROAD, SUITE 600	MIAMI BEACH, FL 33140	<input type="checkbox"/>
ST	PEARCE, PAM	801 ARTHUR GODFREY ROAD, SUITE 600	MIAMI BEACH, FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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: STEPHEN H. BITTEL, PRES. DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR