

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90045 047 ***150.00

DOCUMENT # P04000171633



1. Entity Name

GABLES GATE REAL ESTATE CORP.

Principal Place of Business

**818 PONCE DE LEON #102
CORAL GABLES, FL 33134**

Mailing Address

**818 PONCE DE LEON #102
CORAL GABLES, FL 33134**



07202007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3737379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASAS, EDWARD
6039 COLLINS AVENUE #1034
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORALES, TIBIZAY
STREET ADDRESS	815 PONCE DE LEON
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	BORDON, SERGIO
STREET ADDRESS	815 PONCE DE LEON BLVD., STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/07

305-510-7682



July 20, 2007

Division of Corporation
P.O. Box 6198
Tallahassee, FL 32314

Re: Document Number p04000171633

To Whom It May Concern:

We apologize for not sending our renewal on time. We did not receive prior notice and are requesting that the penalty be waived. We will take steps to renew on-line in the future in the hope that this does not happen again.

My contact information is as follows:

815 Ponce De Leon Blvd, Suite 100, Coral Gables, FL 33134
Phone: 305-569-3575 Fax: 305-569-3579
Email: gablesgate@century21.com

Thank You in advance for your cooperation in this matter.

Respectfully,

A handwritten signature in cursive script, appearing to read "Tibizay Morales", is written over the word "Respectfully,".

Tibizay Morales
Licensed Real Estate Broker