

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90015 013 \*\*\*150.00

**DOCUMENT # P05000073949**

1. Entity Name  
**GABLES LAUNDRY & DRY CLEANER, INC.**



Principal Place of Business  
**15520 PALMETTO LAKES DR.  
MIAMI, FL 33157**

Mailing Address  
**15520 PALMETTO LAKES DR.  
MIAMI, FL 33157**

2. Principal Place of Business  
**1406 PONCE DE LEON BLVD.**

3. Mailing Address  
**1406 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142006

Chg-P

CR2E034 (11/05)

City & State  
**CORAL GABLES FL.**

City & State  
**CORAL GABLES FL.**

4. FEI Number  
**20-2987982**

Applied For  
Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALDEON, ISAAC  
15520 PALMETTO LAKES DR.  
MIAMI, FL 33157**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**PVPT  
BALDEON, ISAAC  
15520 PALMETTO LAKES DR.  
MIAMI, FL 33157** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
BALDEON, ISAAC  
15520 PALMETTO LAKES DR.  
MIAMI, FL 33157** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

**ISAAC BALDEON**

Date

**1-15-06**

Daytime Phone #

**305-790-9273**