

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000107947

FILED
Feb 12, 2008
Secretary of State**Entity Name:** FLORIDA GABLES CONSULTING, INC.**Current Principal Place of Business:**15715 SOUTH DIXIE HIGHWAY
328
MIAMI, FL 33157**New Principal Place of Business:****Current Mailing Address:**15715 SOUTH DIXIE HIGHWAY
328
MIAMI, FL 33157**New Mailing Address:****FEI Number:** 20-4069637**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MANFREDINI, MARIA G
15715 SOUTH DIXIE HWY STE 328
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ROBERTS, ROBERTO A.F.
Address: 15715 SOUTH DIXIE HIGHWAY, SUITE 328
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MANFREDINI, MARIA G
Address: 15715 SOUTH DIXIE HIGHWAY, SUITE 328
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANFREDINI MARIA G.

DPS

02/12/2008

Electronic Signature of Signing Officer or Director

Date