


2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/2007-90192-029-\$150.00-\$150.00

FILED

07 MAY 14 AM 9:19

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000145562					
1. Entity Name GABLES TITLE INC.					
Principal Place of Business 2903 SALZEDO STREET PENTHOUSE ONE CORAL GABLES, FL 33146			Mailing Address 2903 SALZEDO STREET PENTHOUSE ONE CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARIAS, JACQUELINE 2903 SALZEDO STREET PENTHOUSE ONE CORAL GABLES, FL 33146				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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOT Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARIAS, JACQUELINE		NAME		
STREET ADDRESS	2903 SALZEDO STREET		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES, FL 33146		CITY- ST- ZIP		
TITLE	S, T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARIAS, JACQUELINE		NAME		
STREET ADDRESS	2903 SALZEDO STREET		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES, FL 33146		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 and all other like empowered					
SIGNATURE: _____				Date: 4/17/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	



04172007 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR 20-3841595 Applied For Not Applicable

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

Handwritten signature/initials

Handwritten date: 4/17/07