

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145562

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: GABLES TITLE INC.

**Current Principal Place of Business:**

3850 BIRD ROAD  
PH 1  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

3850 BIRD ROAD  
PH 1  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-3841595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARIAS, JACQUELINE  
3850 BIRD ROAD  
PH 1  
CORAL GABLES, FL 33146 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: P  
Name: ARIAS, JACQUELINE  
Address: 3850 BIRD ROAD, PH 1  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP  
Name: SILVEIRO, RAMON  
Address: 3850 BIRD ROAD, PH 1  
City-St-Zip: CORAL GABLES, FL 33146

Title: S,T  
Name: ARIAS, JACQUELINE  
Address: 3850 BIRD ROAD, PH 1  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE ARIAS

P

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date