

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031284

FILED
May 03, 2007
Secretary of State

Entity Name: GABLES INSURANCE RECOVERY, INC.

Current Principal Place of Business:

4649 PONCE DE LEON BLVD.
305
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4649 PONCE DE LEON BLVD.
305
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 56-2564504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELIER, ROBERT N
4649 PONCE DE LEON BLVD
SUITE 305
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: PLANA, CARLOS
Address: 4649 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DIR. () Delete
Name: PELIER, ROBERT N
Address: 4649 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change () Addition
Name: PLANA, CARLOS
Address: 4649 PONCE DE LEON BLVD, SUITE 305
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DIR. (X) Change () Addition
Name: PELIER, ROBERT N
Address: 4649 PONCE DE LEON BLVD., SUITE 305
City-St-Zip: CORAL GABLES, FL 33146 FL

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: CARLOS PLANA

DIR

05/03/2007

Electronic Signature of Signing Officer or Director

Date