

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031284

FILED
Mar 29, 2012
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

Current Mailing Address:

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

New Principal Place of Business:

4649 PONCE DE LEON BLVD.
301
CORAL GABLES, FL 33146 US

New Mailing Address:

4649 PONCE DE LEON BLVD.
301
CORAL GABLES, FL 33146 US

FEI Number: 56-2564504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

Title: DIR.
Name: PLANA, CARLOS
Address: 4649 PONCE DE LEON BLVD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DIR.
Name: PELIER, ROBERT N
Address: 4649 PONCE DE LEON BLVD., SUITE 301
City-St-Zip: CORAL GABLES, FL 33146 FL

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: ROBERT PELIER

PART

03/29/2012

Electronic Signature of Signing Officer or Director

Date