

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084818

FILED  
May 26, 2008  
Secretary of State

Entity Name: GABLES DEVELOPMENT GROUP, INC.

## Current Principal Place of Business:

5829 EAGLE CAY LN  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

5829 EAGLE CAY LN  
COCONUT CREEK, FL 33073

## New Mailing Address:

FEI Number: 56-2599909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FONSECA, SCARLETT  
5829 EAGLE CAY LN  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

FONSECA, HORACE A  
5829 EAGLE CAY LN  
COCONUT CREEK, FL 33073 US

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: HORACE A. FONSECA

05/26/2008

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: D ( ) Delete  
Name: FONSECA, SCARLETT  
Address: 5829 EAGLE CAY LN  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: WIESEN, LESLIE J MR  
Address: 20211 NE 10 PLACE  
City-St-Zip: MIAMI, FL 33179

Title: VP ( ) Delete  
Name: WIESEN, LESLIE J  
Address: 20211 NE 10 PLACE  
City-St-Zip: MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: FONSECA, HORACE A  
Address: 5829 EAGLE CAY LN  
City-St-Zip: COCONUT CREEK, FL 33073

Title: S/T (X) Change ( ) Addition  
Name: WIESEN, LESLIE J MR  
Address: 20211 NE 10 PLACE  
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Change ( ) Addition  
Name: JOSE, MOUNSAMY J  
Address: 7904 WEST DR., # 717  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: H. A. FONSECA

D/P

05/26/2008

Electronic Signature of Signing Officer or Director

Date