2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# P06000134340

Entity Name: MUSE IN THE GABLES, INC.

Current Principal Place of Business:

1420 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1420 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5761218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDEROS, CARMEN R
4515 DEL PRADO BLVD
SUITE 5
CAPE CORAL, FL 33904 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: D ( ) Delete
Name: ALVAREZ, MABELINNES
Address: 350 NE 100 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete
Name: BLANCO, MIGUEL
Address: 517 NE 106 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete
Name: DEL RIO, OLGA L
Address: 3192 SW 132 PLACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MABELINNES ALVAREZ D 06/24/2009

Electronic Signature of Signing Officer or Director Date