



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90246 047 ***158.75

DOCUMENT # P07000110181 1. Entity Name GABLES BUSINESS AND DEVELOPMENT, CORP.																																															
Principal Place of Business 836 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US			Mailing Address P.O. BOX 14-5028 CORAL GABLES, FL 33114-5028 US																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																													
City & State Zip Country		City & State Zip Country		4. FEI Number 26-1322598 Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04282008 Chg-P CR2E034 (12/06)																																											
6. Name and Address of Current Registered Agent IVANS, RICHARD B 200 SOUTH BISCAYNE BOULEVARD SUITE 3600 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																												
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> PRESIDENT VIVIAN GUERRA 1465 ALEGRIANO AVE CORAL GABLES, FL 33146 </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIVIAN GUERRA 1465 ALEGRIANO AVE CORAL GABLES, FL 33146	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width:20%;"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																															
SIGNATURE:  Vivian Guerra April 29, 2008 (305) 446-9658 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															