

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089454

Entity Name: GABLES AUDIO VIDEO INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

1000 PONCE DE LEON BLVD  
SUITE 204  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1000 PONCE DE LEON BLVD  
SUITE 204  
CORAL GABLES, FL 33134

**Current Mailing Address:****New Mailing Address:**

FEI Number: 26-3456738      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORENO, PEDRO  
1000 PONCE DE LEON BLVD  
SUITE 204  
CORAL GABLES, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORENO, PEDRO  
Address: 1000 PONCE DE LEON BLVD # 204  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: ENSENAT, OSCAR A  
Address: 1000 PONCE DE LEON BLVD # 204  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: SANCHEZ, FELIX  
Address: 1000 PONCE DE LEON BLVD # 204  
City-St-Zip: CORAL GABLES, FL 33134

**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: PEDRO MORENO

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date