


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91243 006 ***150.00

DOCUMENT # P93000052753	
1. Entity Name WEST GABLES MANAGEMENT CORPORATION	

Principal Place of Business 2260 S.W 8 ST MIAMI, FL 33135 US	Mailing Address 2260 S.W 8 ST MIAMI, FL 33135 US
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24067395



2. Principal Place of Business 11200 W. Flagler St Suite, Apt. #, etc. Suite #211 City & State Miami, Florida Zip 33174 Country Miami Dade	3. Mailing Address P.O. Box 651612 Suite, Apt. #, etc. City & State Miami, Florida Zip 33265 Country Miami-Dade
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04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0426553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, LUIS 2260 S.W 8 ST MIAMI, FL 33135	
7. Name and Address of New Registered Agent Name CRUZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 11200 W. Flagler St, Suite #211 City Miami State FL Zip Code 33174	

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  DATE **4/29/04**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, LUIS JR 2260 S.W 8 ST MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, LUIS JR 11200 W. Flagler St, Suite #211 Miami, FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/29/04** 305-541-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR