2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043974

Entity Name: GABLES FINANCIAL GROUP, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 DOUGLAS ENTRANCE-NORTH TOWER 800 DOUGLAS ROAD

SUITE 900 NORTH TOWER - SUITE 900 CORAL GABLES, FL 33143 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14-1898

CORAL GABLES, FL 33114 US

FEI Number: 65-0588167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MAS, LISA LYNN
800 DOUGLAS ENTRANCE-NORTH TOWER
SUITE 900

MAS, LISA LYNN
800 DOUGLAS ROAD
NORTH TOWER - SUITE 900

SUITE 900 NORTH TOWER - SUITE 900 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: 04/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete

 Name:
 RAMON E. MAS CANOSA,

 Address:
 6350 S.W 114 STREET

 City-St-Zip:
 MIAMI, FL 33156

 Title:
 ST
 () Delete

 Name:
 MAS, LISA LYNN

 Address:
 6350 S.W. 114 STREET

 City-St-Zip:
 MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 (X) Change () Addition

 Name:
 MAS CANOSA, RAMON E

 Address:
 6350 S.W 114 STREET

 City-St-Zip:
 MIAMI, FL 33156

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAMON E. MAS CANOSA P 04/25/2005