## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000043974

1. Entity Name

GABLES FINANCIAL GROUP, INC.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

800 DOUGLAS ROAD NORTH TOWER - SUITE 900 CORAL GABLES, FL 33134

US

Mailing Address

P.O. BOX 14-1898

CORAL GABLES, FL 33114



04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0588167 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAS, LISA LYNN 800 DOUGLAS ROAD NORTH TOWER - SUITE 900 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

CORAL GABLES, FL 33134			IN THIS SPACE	
8. The above the obligat SIGNATURE	named entity submits this statement for the pions of registere Lagent.	Sisa d. Mas,	ad office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD MAS CANOSA, RAMON E 6350 S.W 114 STREET MIAMI, FL 33156 ST MAS, LISA LYNN 6350 S.W. 114 STREET MIAMI, FL 33156	CTORS	DO	000000734920 05/10/07-80013-004 158.75 <b>NOT WRITE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				

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 charged, or on an attachpent with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

office of Date

(3/5) 529 (1075)
Daytime Phone #