

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043974

FILED
May 02, 2008
Secretary of State

Entity Name: GABLES FINANCIAL GROUP, INC.

Current Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 14-1898
CORAL GABLES, FL 33114 US

New Principal Place of Business:

806 S. DOUGLAS ROAD
SOUTH TOWER - 9TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JCHPA REGISTERED AGENTS, INC
1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323 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: JCHPA REGISTERED AGENTS INC

05/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAS CANOSA, RAMON E
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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JIMENEZ, LORRAINE A
Address: 9271 S.W. 59TH STREET
City-St-Zip: MIAMI, FL 33173

Title: ST (X) Change () Addition
Name: MAS, LISA LYNN
Address: 6350 S.W. 114TH STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Change (X) Addition
Name: MAS CANOSA, RAMON E
Address: 6350 S.W. 114TH STREET
City-St-Zip: MIAMI, FL 33156

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: RAMON E. MAS CANOSA

D

05/02/2008

Electronic Signature of Signing Officer or Director

Date