

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018983

Entity Name: GABLES POOL & SPA, INC.

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

4754 SW 74 AVE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4754 SW 74 AVE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0283209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, LAZARO
4754 SW 74 AVE.
MIAMI, FL 33155 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

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: D () Delete
Name: SANCHEZ, LAZARO
Address: 2931 S.W. 111TH AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: SANCHEZ, ENRIQUE
Address: 2931 S.W. 111TH AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: SANCHEZ, CARLA
Address: 2931 S.W. 111TH AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: SANCHEZ, CARIDAD
Address: 2931 S.W. 111TH AVENUE
City-St-Zip: MIAMI, FL 33165

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:

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: CARLA SANCHEZ

D

07/02/2007

Electronic Signature of Signing Officer or Director

Date