2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000031734

1. Entity Name

GABLES GATE REALTY, INC.



Principal Place of Business

3727 SW 8 ST., STE 102 CORAL GABLES, FL 33134 Mailing Address

3727 SW 8 ST., STE 102 CORAL GABLES, FL 33134

US

FILED Apr 20, 2004 8:00 am Secretary of State

04-20-2004 90019 049 ***150.00

5**4**0400...



04032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0671056

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GARCIA, RAUL E JR. 9200 S. DADELAND BLVD., STE. 311 MIAMI, FI. 33156

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MIAMI, FL 33156				IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing i	its registered office or	egistered agent, or both, i	in the State of Florida. I am familiar with, ai	nd accept	
SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.			 DTE: Registered Agent signatur	ered Agent signature required when reinstating) DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Camp Trust Fund Co	· · · —	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME Street Address City-St-Zip	D CUESTA, FERNANDO 10151 SW 118 TERRACE MIAMI, FL 33176						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						i	
TITLE	-						

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with his filling 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 an other like empoteered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #