## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 22, 2005 08:00 AM **DOCUMENT # P96000079760 Secretary of State** GABLES ON THE GREEN HOLDINGS, INC. Principal Place of Business Mailing Address 550 BILTMORE WAY STE 740 550 BILTMORE WAY STE 740 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 03152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0836577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ. DO NOT WRITE C/O GREENBERG, TAURIG, HOFFMAN ET AL 1221 BRICKELL AVENUE, 24TH FLOOR IN THIS SPACE MIAMI, FL 33133 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ROGER, OSCAR NAME STREET ADDRESS 550 BILTMORE WAY STE 740 U00000324954 04/22/05-80113-017 150.00 CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this 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 employered 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 all other like empowered.

SIGNATURE:

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

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