

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000023090 1. Entity Name GABLES PLAZA INVESTORS, INC.	
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Principal Place of Business 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33146	Mailing Address 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE

02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0736066	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FISHER, ISAAC K
4601 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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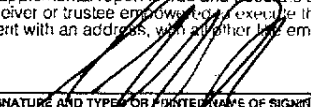
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BERRIN, ROBERT G. 4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FISHER, ISAAC K 4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33146
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UD0000236015
02/21/05-80001-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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, when another has been empowered.

SIGNATURE:  2/15/05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____