

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000023090

1. Entity Name

GABLES PLAZA INVESTORS, INC.



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



02122008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000836338
03/04/08-80012-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BERRIN, ROBERT G.
STREET ADDRESS 4601 PONCE DE LEON BLVD., SUITE 300
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME FISHER, ISAAC K
STREET ADDRESS 4601 PONCE DE LEON BLVD., SUITE 300
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/08 (305)663-6633