

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

02-20-2004 90010 041 ***158.75

DOCUMENT # P97000063095
 1. Entity Name
GABLES AQUARIUM, INC.



Principal Place of Business
 1563 SUNSET DRIVE
 CORAL GABLES, FL 33143

Mailing Address
 1563 SUNSET DRIVE
 CORAL GABLES, FL 33143

66409468



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02112004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
 65-0772387

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIORE, LOUIS
 1563 SUNSET DRIVE
 CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent
 Name *GIAM PETRO, GEORGE, F*
 Street Address (P.O. Box Number is Not Acceptable)
1563 SUNSET DRIVE
 City *CORAL GABLES* FL Zip Code *33143*

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]* DATE *4/1/04*

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIORE, LOUIS 1563 SUNSET DRIVE CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAIIMPETRO, GEORGE F 1563 SUNSET DRIVE CORAL GABLES, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, DAVID L 1563 SUNSET DRIVE CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLANUEVA, WILLIAM 1563 SUNSET DRIVE CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAIIMPETRO, GEORGE, F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORAN, JASON 1563 SUNSET DRIVE CORAL GABLES, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowers.

SIGNATURE: *[Signature]* DATE *4/1/04* DAYTIME PHONE # *305 662 7300*