## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000086022

ANDRES, MESA

MIAMI, FL 33183

13045 SW 68TH ST APT 110

Name:

Address:

City-St-Zip:

CARLEO BANIOLIET LIALL INO

FILED Jan 06, 2009 Secretary of State

Entity Nar	ne: GABLE	ES BANQUET HALL, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
7360 COR	AL WAY						
19 MIAMI, FL	33155						
Current M	ailing Add	ress:	New Maili	New Mailing Address:			
7360 COR	AL WAY						
19 MIAMI, FL	33155						
FEI Number:	65-0867288	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired	1()	
Name and	Address o	f Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SOTO, MA 13045 SW MIAMI, FL	68 ST #110	) US					
The above in the State	named enti e of Florida.	ty submits this statement for the	e purpose of changing i	ts registered	d office or registered agent, c	or both,	
SIGNATUR	RE:						
	Elect	ronic Signature of Registered A	gent		Date		
Election Car	npaign Finan	cing Trust Fund Contribution ( ).					
OFFICERS	S AND DIR	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD SOTO, MAR 13045 SW 6 MIAMI, FL 3	88 ST #110	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD SOTO, GEN 17221 SW 1 MIAMI, FL 3	142 CT	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TD ALVAREZ, M 13045 SW 6 MIAMI, FL 3	88 ST #204	Title: Name: Address: City-St-Zip:	VP ALVAREZ, M 13045 SW 6 MIAMI, FL 3	8 ST #204		
Title:	D	( ) Delete	Title:	TD	(X) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ANDRES, MESA

MIAMI, FL 33183

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SIGNATURE: MARLEN SOTO PD 01/06/2009