

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 047 ***150.00

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1. Entity Name
GABLES PROJECTS, INC.



Principal Place of Business
2655 LEJEUNE ROAD #711
CORAL GABLES, FL 33134

Mailing Address
2655 LEJEUNE ROAD #711
CORAL GABLES, FL 33134

40011100



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0883981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, LAURA L.
~~4675 PONCE DE LEON BOULEVARD~~ 2655 Le Jeune Rd.,
~~SUITE 301~~ Suite 201
~~CORAL GABLES, FL 33146~~ CORAL Gables, FL
33134

NOT WRITE
IN 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAVIDSON, STANLEY S
STREET ADDRESS	2655 LEJEUNE ROAD #711
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	VILLAR, MARIA I
STREET ADDRESS	2655 LE JEUNE RD #711
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NOT WRITE
IN 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 all other like empowered.

SIGNATURE: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/5/07
Date Daytime Phone #