2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048133

City-St-Zip:

CORAL GABLES, FL 33134

FILED Mar 02, 2009 Secretary of State

Entity Name: GABLES CATALONIA, INC. **Current Principal Place of Business: New Principal Place of Business:** 283 CATALONIA AVE., 2ND FLOOR CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 283 CATALONIA AVE., 2ND FLOOR CORAL GABLES, FL 33134 FEI Number: 65-0923487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIAMI CORPORATE SYSTEMS, INC. MIAMI CORPORATE SYSTEMS, LLC 283 CATALONIA AVE., 2ND FLOOR CORAL GABLES, FL 33134 US 283 CATALONIA AVE., 2ND FLÓOR CORAL GABLES, FL 33134 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. SIGNATURE: MIAMI CORPORATE SYSTEMS, LLC 03/02/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RASCO, RAMON E Name: Name: 283 CATALONIA AVE., 2ND FLOOR Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: Title: () Delete () Change () Addition REININGER, STEVEN R Name: Name: 283 CATALONIA AVE., 2ND FLOOR Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PEREZ, LUIS A Name: Name: 283 CATALONIA AVE., 2ND FLOOR Address: Address:

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.

City-St-Zip:

SIGNATURE: RAMON E. RASCO D 03/02/2009