

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P99000069650

1. Entity Name
GABLES PROFESSIONAL MANAGEMENT CO.



Principal Place of Business
**300 ARAGON AVE., SUITE 210
SUITE 210
CORAL GABLES, FL 33134**

Mailing Address
**300 ARAGON AVE., SUITE 210
SUITE 210
CORAL GABLES, FL 33134**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0943844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAINZOS, ROGELIO
300 ARAGON AVE., SUITE 210
CORAL GABLES, FL 33134**

**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 re-registering.)

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**

U000000865627
04/07/08 80035 003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAINZOS, ROGELIO
STREET ADDRESS	300 ARAGON AVENUE SUITE 210
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	VD
NAME	CAINZOS, ROGER
STREET ADDRESS	300 ARAGON AVENUE SUITE 210
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	TSD
NAME	CAINZOS, ALEIDA
STREET ADDRESS	300 ARAGON AVENUE SUITE 210
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	

**DO NOT WRITE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #