

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000014483

**Entity Name:** GABLES BY THE SEA, INC.

**Current Principal Place of Business:**

8711 S.W. 97 AVE. #230  
MIAMI, FL 33173

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC9482116728**

**Current Mailing Address:**

LAZARO D. ALONSO  
6187 NW 167 STREET, SUITE H5  
MIAMI, FL 33015

**FEI Number: 65-0380925**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALONSO, LAZARO D  
6187 NW 167 ST  
SUITE H5  
MIAMI, FL 33015 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VSD  
Name ROBAINA, JULIO A  
Address 6140 WEST 10TH AVE.  
City-State-Zip: HIALEAH FL 33012

Title PD  
Name ALONSO, LAZARO D  
Address 6187 N.W. 167TH STREET, SUITE H5  
City-State-Zip: MIAMI FL 33015

Title TD  
Name MESTRE, TERESA I  
Address 14931 BEL AIRE DR. SOUTH  
City-State-Zip: PEMBROKE PINES FL 33027

*I hereby 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 all other like empowered.*

**SIGNATURE: LAZARO D. ALONSO**

**PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date