

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2004
Secretary of State**

DOCUMENT# N21544

Entity Name: THE CORAL GABLES BAR ASSOCIATION, INCORPORATED

Current Principal Place of Business:

C/O DAVID B. MITCHELL, ESQ.
2655 LEJEUNE RD
CORAL GABLES, FL 33134 US

New Principal Place of Business:

C/O JAMES P.E. ROEN, ESQ.
1320 S. DIXIE HWY, PH1275
CORAL GABLES, FL 33146 US

Current Mailing Address:

C/O DAVID B. MITCHELL, ESQ.
2655 LEJEUNE RD
CORAL GABLES, FL 33134 US

New Mailing Address:

C/O JAMES P. E. ROEN, ESQ.
1320 S.DIXIE HWY, PH 1275
CORAL GABLES, FL 33146 US

FEI Number: 59-2823417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, DAVID B ESQ
2655 LE JEUNE RD.
SUITE 1001
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ROEN, JAMES P ESQ
1320 S. DIXIE HWY
PH 1275
CORAL GABLES, FL 33146 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: JAMES P.E. ROEN, ESQ. 04/20/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEL AMO, CARLOS C
Address: 201 SEVILLA AVENUE, #202
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: FRIEDMAN, ALLISON L
Address: 1320 S. DIXIE HIGHWAY, PH
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: HASSETT, KENNETH
Address: 201 SEVILLA AVE., # 202
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: MITCHELL, DAVID
Address: 2655 LEJEUNE ROAD #1001
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: ROEN, JAMES P E
Address: 1320 S DIXIE HWY PH
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P.E. ROEN, ESQ. SD 04/20/2004

Electronic Signature of Signing Officer or Director Date