

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004255

FILED
Apr 25, 2005
Secretary of State

Entity Name: BUSINESS IMPROVEMENT DISTRICT OF CORAL GABLES, INC.

Current Principal Place of Business:

224 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

224 MIRACLE MILE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0782529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESTRE, SILVIA
224 MIRACLE MILE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MOLINA, MARI
224 MIRACLE MILE
CORAL GABLES, FL 33134 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: MARI MOLINA

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FONTE, GUS
Address: 1800 SW 27TH AVE, STE. 201
City-St-Zip: CORAL GABLES, FL 33145

Title: V (X) Delete
Name: JURCAK, DAVID
Address: 180 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: ROSENBLATT, BRAD
Address: 262 MIRACLE MILE
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: FULLERTON, LIZET
Address: 2601 S BAYSHORE DRIVE, 10TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: MESTRE, SILVIA
Address: 224 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

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: D (X) Change () Addition
Name: NG, ABE
Address: 2334 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: GUS FONTE

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date