

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90241 008 ***150.00

DOCUMENT # J06940 1. Entity Name CITY NATIONAL BANCSHARES, INC.					
Principal Place of Business 25 W. FLAGLER ST. MIAMI, FL 33130 US			Mailing Address ATTN: FINANCE DEPARTMENT PO BOX 025620 MIAMI, FL 33102-5620 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4172006		Chg-P		CR2E034 (11/05)	
4. FEI Number 59-2771814				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHOCKETT, WILLIAM 25 W FLAGLER ST MIAMI, FL 33130			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP BRADY, THOMAS B 25 W FLAGLER ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHOCKETT, WM. 25 W. FLAGLER ST. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABESS, LEONARD L. JR 25 W. FLAGLER ST. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB, P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABESS, ALLAN T. JR 25 W. FLAGLER ST. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATLA, PATRICIA R 25 W FLAGLER ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP CAMP, PATRICIA 25 W. FLAGLER ST. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Patricia M. Camp</i> Patricia M. Camp			4-17-06 305-577-7333		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		