2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# N94000001209

Entity Name: CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

265 SEVILLA
CORAL GABLES, FL 33134

New Principal Place of Business:

525 S. DIXIE HWY
CORAL GABLES, FL 33146

Current Mailing Address:

POST OFFICE BOX 340712
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0412710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUGARMAN, ROBERT A
2801 PONCE DE LEON BLVD
SUITE 750
CORAL GABELS, FL 33184 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: TAYLOR, KEITH
Address: 2815 SALZEDO ST
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: OVCARICH, THAD
Address: 2815 SALZEDO ST.
City-St-Zip: CORAL GABLES, FL 33134

Title: TT ( ) Delete
Name: TORRES, JULIO
Address: 525 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33142

Title: TT ( ) Delete
Name: STONE, JEFF
Address: 2815 SALZEDO ST
City-St-Zip: CORAL GABLES, FL 33134

Title: TT ( ) Delete
Name: SHAW, BRAIN
Address: 2815 SALZEDO ST
City-St-Zip: CORAL GABLES, FL 33134

Title: PT ( ) Delete
Name: GOSSETT, JAMES
Address: 525 S. DIXIE HWY.
City-St-Zip: MIAMI, 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:

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 Chapter 119, 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: THAD OVCARICH T 04/17/2007
Electronic Signature of Signing Officer or Director — Date