

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751011

Entity Name: CORAL GABLES CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**224 CATALONIA AVE
CORAL GABLES, FL 33134**Current Mailing Address:**224 CATALONIA AVE
CORAL GABLES, FL 33134**FEI Number:** 59-0205525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROWBRIDGE, MARK A
224 CATALONIA AVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name TROWBRIDGE, MARK A
Address 224 CATALONIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name DE LA PEÑA ROJAS, MARTHA
Address 224 CATALONIA AVE.
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name O'CONNELL, PATRICK
Address 224 CATALONIA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name CHAOUI, ANA
Address 224 CATALONIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BARAKAT, BRIAN
Address 224 CATALONIA AVE
City-State-Zip: CORAL GABLES FL 33134

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK TROWBRIDGE**PRESIDENT****02/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date