

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045007

Entity Name: THE CORAL GABLES FINANCIAL CORPORATION**Current Principal Place of Business:**255 ALHAMBRA CIR
STE 333
CORAL GABLES, FL 33134**Current Mailing Address:**255 ALHAMBRA CIR
STE 333
CORAL GABLES, FL 33134**FEI Number:** 36-4529884**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNEY, JUDITH
2001 BISCAYNE BLVD.
STE 2620
MIAMI, FL 33137 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	CCEO
Name	DAVIDSON, JAMES W
Address	6395 MITCHELL MANOR CIR.
City-State-Zip:	MIAMI FL 33156

Title	D
Name	PRUITT, WILLIAM
Address	274 VELEROS COURT
City-State-Zip:	CORAL GABLES FL 33143

Title	T
Name	PEKOR, ALLAN
Address	9 ISLAND AVE II
City-State-Zip:	MIAMI BRACH FL 33139

Title	D
Name	WHEELER, WILLARD L
Address	10800 OLD CUTLER RD.
City-State-Zip:	CORAL GABLES FL 33156

Title	D
Name	PALOMARES, CARLOS
Address	2627 S BAYSHORE DR UNIT 1004
City-State-Zip:	MIAMI FL 33133

Title	S
Name	SAPP, PEGGY
Address	2901 S. BAYSHORE DR
City-State-Zip:	COCONUT GROVE FL 33133

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

SIGNATURE: DAVIDSON, JAMES**PRESIDENT****01/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date