

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 559030

**FILED**  
**Jan 10, 2004**  
**Secretary of State**

**Entity Name:** CITY NATIONAL FINANCING AND INVESTMENT CORPORATION

## **Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
P.O. BOX 140710  
CORAL GABLES, FL 33114

## **Current Mailing Address:**

201 ALHAMBRA CIRCLE  
P.O. BOX 140710  
CORAL GABLES, FL 33114

## **New Principal Place of Business:**

201 ALHAMBRA CIRCLE  
P.O. BOX 140710  
CORAL GABLES, FL 33114 US

## **New Mailing Address:**

201 ALHAMBRA CIRCLE  
P.O. BOX 140710  
CORAL GABLES, FL 33114 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

## **Name and Address of Current Registered Agent:**

GUTIERREZ, OMAR  
3509 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

## **Name and Address of New Registered Agent:**

GUTIERREZ, OMAR  
4000 GRANADA BOULEVARD  
CORAL GABLES, FL 33146 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: OMAR GUTIERREZ

01/10/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## **OFFICERS AND DIRECTORS:**

Title: VD                      ( ) Delete  
Name: GUTIERREZ, ELIZABETH  
Address: 201 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL

Title: TREA                      ( ) Delete  
Name: LOUSSINIAN OHANIAN, EDWARD  
Address: 3511 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA                      (X) Change ( ) Addition  
Name: OHANIAN, EDWARD L  
Address: 626 CORAL WAY # 803  
City-St-Zip: CORAL GABLES, FL 33134 US

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

SIGNATURE: EDWARD L. OHANIAN

TREA

01/10/2004

Electronic Signature of Signing Officer or Director

Date