

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 559030

FILED  
Jan 06, 2006  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0934031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, OMAR  
4000 GRANADA BOULEVARD  
CORAL GABLES, FL 33146 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

**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: OHANIAN, EDWARD L  
Address: 626 CORAL WAY # 803  
City-St-Zip: CORAL GABLES, FL 33134 US  
  
Title: P ( ) Delete  
Name: GUTIERREZ, OMAR  
Address: 4000 GRANADA BLVD  
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:

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 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

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date