## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 559030** 

FILED Jan 13, 2009 Secretary of State

Entity Name: CITY NATIONAL FINANCING AND INVESTMENT CORPORATION

Current Principal Place of Business:					New Principal Place of Business:			
201 ALHAN # 710	IBRA CIRCLE	ВX						
	ABLES, FL 33	114 l	JS					
Current Mailing Address:					New Mailing Address:			
P.O. BOX 1	MBRA CIRCLE 140710 ABLES, FL 33 <sup>.</sup>		Js					
FEI Number:	65-0934031	FEI Nu	ımber Applied For()	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desi	ired ( )
Name and	Address of C	urrent	Registered Agent:		Name and	Address of N	ew Registered Agent	:
GUTIERREZ, OMAR 4000 GRANADA BOULEVARD CORAL GABLES, FL 33146 US					SILVERMAN, STEVEN, P.A. 9500 SOUTH DADELAND BOULEVARD # 550 MIAMI, FL 33156 US			
The above in the State		submits	this statement for the p	ourpose o	f changing it	s registered of	ffice or registered agen	t, or both,
SIGNATURE: STEVEN SILVERMAN					01/13/2009			
	Electron	ic Signa	ature of Registered Age	ent			Date	
Election Can	npaign Financing	g Trust F	und Contribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD () GUTIERREZ, EI 201 ALHAMBRA CORAL GABLE	CIRCLE			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TREA () OHANIAN, EDW 626 CORAL WA CORAL GABLE	Y #80			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () GUTIERREZ, O 4000 GRANADA MIAMI, FL 3314	BLVD			Title: Name: Address: City-St-Zip:	P (X) GUTIERREZ, O 1539 PLASENT CORAL GABLES	TA AVE	

I hereby certify that the information supplied with this filing does not qualify 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 01/13/2009