

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 559030

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE BX  
# 710  
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:**

SILVERMAN, STEVEN, P.A.  
9500 SOUTH DADELAND BOULEVARD  
# 550  
MIAMI, FL 33156 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

**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: 1539 PLASENTIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: VD (X) Change ( ) Addition  
Name: LOUSSINIAN, INES M  
Address: 201 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL  
  
Title: TREA (X) Change ( ) Addition  
Name: OHANIAN, EDWARD L  
Address: 626 CORAL WAY # 804  
City-St-Zip: CORAL GABLES, FL 33134 US  
  
Title: P (X) Change ( ) Addition  
Name: LOUSSINIAN, EDWARD  
Address: 626 CORAL WAY # 803  
City-St-Zip: CORAL GABLES, FL 33134

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 LOUSSINIAN

PRES

10/12/2009

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

\_\_\_\_\_  
Date