

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709798

FILED
Apr 16, 2007
Secretary of State

Entity Name: CORAL GABLES EMPLOYEES' ASSOCIATION, INC.

Current Principal Place of Business:

2600 DOUGLAS ROAD
STE 1100
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

PO BOX 140981
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1676537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLYNE, REGINALD ESQ
CLYNE & ASSOCIATES
2600 DOUGLAS RD STE 1100
MIAMI, FL 33134 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: PD () Delete
Name: SMITH, MARVIN
Address: 14532 SW 107 PL
City-St-Zip: MIAMI, FL 00000,

Title: 2VP () Delete
Name: CRUMBLEY, RON
Address: 2454 NW 177 TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: 1VP () Delete
Name: BERRYHILL, JEANIE A
Address: 20715 GULFSTREAM DR
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: MILLINGS, SHANTELL
Address: 10301 SW 146TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: WALLACE, SYLVIA
Address: 11250 SW 138 TERR
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERRYHILL, JEANIE
Address: 20715 GULFSTREAM RD
City-St-Zip: MIAMI, FL 33189

Title: 1VP (X) Change () Addition
Name: CRUMBLEY, RON
Address: 2454 NW 177 TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: 2VP (X) Change () Addition
Name: GOIZUETA, VICTOR
Address: 2800 SW 72 AVENUE
City-St-Zip: MIAMI, FL 33155

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

SIGNATURE: WALLACE SYLVIA

SD

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date