2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 732299

1. Entity Name
CONSOLIDATED BANK BUILDING, INC.

Principal Place of Business	Mailing Address
C/O RICHARD MATTAWAY 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143 US	C/O RICHARD MATTAWAY 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143 US

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01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1584203
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATTAWAY, L. RICHARD
1501 SUNSET DRIVE
2ND FLOOR
CORAL GABLES, FL 33143

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LURIE, BRANDON
STREET ADDRESS	1501 SUNSET DRIVE 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	DVTS
NAME	MATTAWAY, L. RICHARD
STREET ADDRESS	1501 SUNSET DRIVE 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D
NAME	ENRIQUEZ, CARLOS
STREET ADDRESS	1501 SUNSET DRIVE, 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D
NAME	CUSHING, ROBERT B DDS
STREET ADDRESS	1501 SUNSET DRIVE, 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/04-80042-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Cahatto 4/30/04 305-928-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #