

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

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

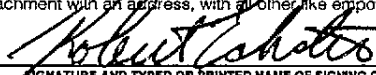
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LURIE, BRANDON 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS MATTAWAY, L. RICHARD 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENRIQUEZ, CARLOS 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUSHING, ROBERT B DDS 1501 SUNSET DRIVE, 2ND FLOOR 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

**DO NOT WRITE
IN THIS SPACE**

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