

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90171 032 ****61.25

DOCUMENT # 732299

1. Entity Name
CONSOLIDATED BANK BUILDING, INC.



Principal Place of Business
7200 N.W. 7TH ST.
MIAMI, FL 33126 US

Mailing Address
C/O NAI MIAMI
9655 S. DIXIE HWY. #200
MIAMI, FL 33156

40065693



04132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1584203

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, RODOLFO
7200 NW 7TH STREET
MIAMI, FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RODOLFO	
STREET ADDRESS	7200 NW 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, RENE	
STREET ADDRESS	261 SW 129 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENRIQUEZ, CARLOS	
STREET ADDRESS	1501 SUNSET DRIVE, 2ND FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHING, ROBERT B DDS	
STREET ADDRESS	1501 SUNSET DRIVE, 2ND FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAYMOND	
STREET ADDRESS	13831 SW 34TH STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	ECKSTEIN, ROBERT	
STREET ADDRESS	9655 S. DIXIE HWY. #200	
CITY-ST-ZIP	MIAMI, FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

4/24/06

305.938.4000