

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06940

FILED
Apr 26, 2010
Secretary of State

Entity Name: CITY NATIONAL BANCSHARES, INC.

Current Principal Place of Business:

25 W. FLAGLER ST.
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

ATTN: FINANCE DEPARTMENT
PO BOX 025620
MIAMI, FL 331025620 US

New Mailing Address:

FEI Number: 59-2771814 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHOCKETT, WILLIAM
25 W FLAGLER ST
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: FERRAZ, RAMON
Address: C/ ORENSE 81 4TH. 28020
City-St-Zip: MADRID, SP

Title: S
Name: SHOCKETT, WM.
Address: 25 W. FLAGLER ST.
City-St-Zip: MIAMI, FL

Title: D
Name: GABARDA, LUIS E
Address: C/ ORENSE 81 4TH. 28020
City-St-Zip: MADRID, SP

Title: D/P
Name: ABESS, LEONARD L
Address: 25 W. FLAGLER ST.
City-St-Zip: MIAMI, FL

Title: D
Name: PORRAS LOPEZ, RAFAEL
Address: C/ ORENSE 81 4TH. 28020
City-St-Zip: MADRID, SP

Title: DEVP
Name: BREWER, HAROLD
Address: 25 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: HAROLD BREWER

DEVP

04/26/2010

Electronic Signature of Signing Officer or Director

Date