

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005243

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** THE CORAL GABLES GALLERY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O VIRGINIA MILLER GALLERIES  
169 MADEIRA AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O VIRGINIA MILLER GALLERIES  
169 MADEIRA AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0875727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENBERG, TRAURIG  
ATTN: MANUEL R VALCAREL  
1221 BRICKELL AVE  
MIAMI, FL 33131 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:** D  
**Name:** LARCINESE, VELIA  
**Address:** 2440 PONCE DE LEON BLVD.  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** MILLER, VIRGINIA  
**Address:** 169 MADIRA AVE  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** SORI, JORGE M  
**Address:** 2970 PONCE DE LEON BLVD.  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** BEGUIRISTAIN, CUQUI  
**Address:** 85 MERRICK WAY  
**City-St-Zip:** CORAL GABLES, FL 33134

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

**SIGNATURE:** VIRGINIA MILLER

D

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date