

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 024 ***150.00

DOCUMENT # P03000013491

1. Entity Name
F.I.G. CAPITAL MANAGEMENT, INC.



Principal Place of Business
55 ALHAMRA PLAZA, 7TH FLOOR
CORAL GABLES, FL 33134

Mailing Address
55 ALHAMRA PLAZA, 7TH FLOOR
CORAL GABLES, FL 33134

DUU1J100

2. Principal Place of Business
121 Alhambra Plaza

3. Mailing Address
121 Alhambra Plaza

Suite, Apt. #, etc.
Suite 1100

Suite, Apt. #, etc.
Suite 1100

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

02062006 Chg-P CR2E034 (11/05)

4. FEI Number
61-1441651

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PADRON, CARLOS E
2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D FERNANDEZ, MIGUEL B
STREET ADDRESS
55 ALHAMRA PLAZA, 7TH FLOOR
CITY-ST-ZIP
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
121 Alhambra Plaza, Suite 1100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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

2/9/06 305461162

Date

Daytime Phone #