


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-09-2004 90053 041 ***150.00

DOCUMENT # P03000045007			
1. Entity Name THE CORAL GABLES FINANCIAL CORPORATION			
Principal Place of Business 9505 S.W. 60TH AVE. MIAMI, FL 33156		Mailing Address 9505 S.W. 60TH AVE. MIAMI, FL 33156	
2. Principal Place of Business 255 ALHAMBRA @ R		3. Mailing Address 255 ALHAMBRA @ R CIRCLE	
Suite, Apt. #, etc. STE. 435		Suite, Apt. #, etc. STE. 435	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134		Country USA	
4. FEI Number 36-4529884		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEVAN, DEAN C 9505 S.W. 60TH AVE. MIAMI, FL 33156		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other authority.			
SIGNATURE: DEAN C. KLEVAN, JR. PRES & CEO		Date: 3/3/04 Phone: 786-497-1212	

66409183



03032004 Chg-P CR2E034 (10/03)

See ATTACHED Page with Directors INFORMATION

Attached

De 66409183
P0300045007

CORAL GABLES FINANCIAL CORPORATION
BOARD OF DIRECTORS

TITLE Chairman of the Board X Additional
NAME James W. Davidson
STREET ADDRESS 6395 Mitchell Manor Circle
CITY-ST-ZIP Miami, FL 33156

TITLE Director X Additional
Name Jeffrey A. Pflieger
STREET ADDRESS 3611 Granada Blvd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Director X Additional
NAME Willard L. Wheeler
STREET ADDRESS 10800 Old Cutler Road
CITY-ST-ZIP Coral Gables, FL 33156

TITLE Director X Additional
NAME Dean C. Klevan, Jr.
STREET ADDRESS 9505 SW 60 Avenue
CITY-ST-ZIP Miami, FL 331356

TITLE Director X Additional
NAME Janet Risi Field
STREET ADDRESS 6080 W. Suburban Drive
CITY-ST-ZIP Pine Crest, FL 33156

TITLE Director X Additional
NAME R. Kyle Bailey
STREET ADDRESS 3225 S. MacDill Avenue, Unit 259
CITY-ST-ZIP Tampa, FL 33629

TITLE Director X Additional
NAME Ron K. Bailey
STREET ADDRESS 550 North Reo Street, Unit #330
CITY-ST-ZIP Tampa, FL 33609

TITLE Director X Additional
NAME David W. S. Chambers
STREET ADDRESS 3 Avondale Drive
CITY-ST-ZIP Newton, PA 18940

TITLE Director X Additional
NAME Todd G. Cole
STREET ADDRESS 60 Edgewater Drive, Apt. 14E
CITY-ST-ZIP Coral Gables, FL 33133

TITLE Director X Additional
NAME George D. Mekras, M.D.
STREET ADDRESS 3920 N. Highway A1A, PH1
CITY-ST-ZIP North Hutchinson Island, FL 34949