

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045007

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE CORAL GABLES FINANCIAL CORPORATION

Current Principal Place of Business:

255 ALHAMBRA CIR
STE 333
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

255 ALHAMBRA CIR
STE 333
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 36-4529884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLEVAN, DEAN C
255 ALHAMBRA CIR
333
CORAL GABLES, FL 33134 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: CMAN () Delete
Name: DAVIDSON, JAMES W
Address: 6395 MITCHELL MANOR CIR.
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: WHEELER, WILLARD L
Address: 10800 OLD CUTLER RD.
City-St-Zip: CORAL GABLES, FL 33156

Title: PRES () Delete
Name: KLEVAN, DEAN C JR
Address: 255 ALHAMBRA CIT STE#333
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: RISI FIELD, JANET
Address: 6080 W. SUBURBAN DR.
City-St-Zip: MIAMI, FL 33156

Title: TREA () Delete
Name: PEKOR, ALLAN
Address: 9 ISLAND AVE II
City-St-Zip: MIAMI BRACH, FL 33139

Title: SEC () Delete
Name: SAPP, PEGGY
Address: 2901 S. BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEAN C. KLEVAN

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date