

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038174

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: THE CORAL GABLES TRUST COMPANY

**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: 03-0536836      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: PRES ( ) Delete  
Name: KLEVAN, DEAN C  
Address: 255 ALHAMBRA CIR  
City-St-Zip: CORAL GABLES, FL 33134

Title: CMAN ( ) Delete  
Name: DAVIDSON, JAMES W  
Address: 6395 MITCHELL MANOR CIR  
City-St-Zip: PINECREST, FL 33156

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

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

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

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

**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