

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018059

Entity Name: CP CAPITAL BANCORP, INC.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

2121 SW 3 AVENUE
SUITE 700
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2121 SW 3 AVENUE
SUITE 700
MIAMI, FL 33129

New Mailing Address:

FEI Number: 71-0996972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARONSON, MITCHELL
2121 SW 3 AVENUE
SUITE 700
MIAMI, FL 33129 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: D () Delete
Name: CONNELL, HAROLD L
Address: 2121 SW 3 AVE, STE 700
City-St-Zip: MIAMI, FL 33129 US

Title: P, D () Delete
Name: HARPER, FLOYD D
Address: 2121 SW 3 AVE, SUITE 700
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: DIEZ, ROBERT
Address: 999 BRICKELL AVENUE, 10TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CALLOWAY, JACK
Address: 2121 SW 3 AVE, SUITE 700
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: FERNANDEZ, MANUEL
Address: 2121 SW 3 AVE, STE 700
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: SEATON-DUNLAP, SYLVIA
Address: 2121 SW 3 AVE, STE 700
City-St-Zip: MIAMI, FL 33129

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: FLOYD D HARPER

P.D

01/26/2009

Electronic Signature of Signing Officer or Director

Date