2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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1. Entity Name
GIBRALTAR FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
220 ALHAMBRA CIRCLE FIFTH FLOOR CORAL GABLES, FL 33134 US	220 ALHAMBRA CIRCLE FIFTH FLOOR CORAL GABLES, FL 33134 US

04262005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0444764
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTHET, PATRICK C ESQ
200 SOUTH BISCAYNE BLVD, SUITE 1800
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

000000346945
04/30/05-80095-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HAYWORTH, STEVEN D
STREET ADDRESS	1300 ALFONSO AVENUE
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	C
NAME	DAVID KIRLAND
STREET ADDRESS	235 WELLS RD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	DYKE, JAMES T
STREET ADDRESS	309 CENTER ST
CITY-ST-ZIP	LITLE ROCK, AR 72201
TITLE	D
NAME	KRAMER, TERRY A
STREET ADDRESS	137 MURRAY LANE
CITY-ST-ZIP	SOUTH HAMPTON, NY 11768
TITLE	S
NAME	CARON, TONY
STREET ADDRESS	1060 SE 6 COURT
CITY-ST-ZIP	DANIA, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: _____ Tony Caron 4/26/05 (305) 476-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #