

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000003476

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** CITY FINANCE OF MIAMI, CORP.

**Current Principal Place of Business:**

1500 SAN REMO AVENUE  
SUITE 290  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVENUE  
SUITE 290  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-0920781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, ANTONIO A  
1500 SAN REMO AVE  
290  
CORAL GABLES, FL 33146 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CASTRO, AMADEO L JR  
**Address:** 608 VALENCIA AVE  
**City-St-Zip:** MIAMI, FL 33134

**Title:** SD  
**Name:** SOLARANA, PHILIP  
**Address:** 935 OSORIO AVE  
**City-St-Zip:** MIAMI, FL 33146

I hereby 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 all other like empowered.

**SIGNATURE:** PHILIP SOLARANA

SD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date