


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000090743	
1. Entity Name CORAL GABLES FINANCIAL CENTER, INC.	

Principal Place of Business 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL 33134	Mailing Address 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0964978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$3.75 Additional Fee Required

8. Name and Address of Current Registered Agent	
KHOSRAVI, S. SHAWN 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL 33134	

DO NOT WRITE IN THIS SPACE

9. 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
<i>[Signature]</i>	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	11. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KHOSRAVI, S. SHAWN 299 ALHAMBRA CIRCLE, SUITE 404 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUILARTE, ERASMO ANDRES 1570 MADRUGA AVE (#305) CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KHOSRAVI, EZZATOLLAH 10331 QUITO ST COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HINES, KENT CHARLES 504 NAVARRE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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07/15/04-80006-005 150.00

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 no address, with all other like empowered

SIGNATURE: <i>[Signature]</i>	Date: 7/13/04	Daytime Phone #: 305-461-0667
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