


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2008 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



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0964978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KHOSRAVI, S. SHAWN
 299 ALHAMBRA CIRCLE
 SUITE 404
 CORAL GABLES, FL 33134**

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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 renacting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000789236 01/22/08-80018-004 150.00
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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 6274 SW 35 ST MIAMI, FL 33155
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **S. SHAWN KHOSRAVI** **1/15/08** **(305) 461-0667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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