

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090743

FILED
Jan 14, 2009
Secretary of State

Entity Name: CORAL GABLES FINANCIAL CENTER, INC.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0964978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHOSRAVI, S. SHAWN
299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134 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: KHOSRAVI, S. SHAWN
Address: 299 ALHAMBRA CIRCLE, SUITE 404
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: GUILARTE, ERASMO ANDRES
Address: 6274 SW 35 ST
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: KHOSRAVI, EZZATOLLAH
Address: 10331 QUITO ST
City-St-Zip: COOPER CITY, FL 33026

Title: ST () Delete
Name: HINES, KENT CHARLES
Address: 504 NAVARRE
City-St-Zip: CORAL GABLES, FL 33134

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:

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: S. SHAWN KHOSRAVI

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01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date