

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090743

FILED
Jan 10, 2011
Secretary of State

Entity Name: CORAL GABLES FINANCIAL CENTER, INC.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 331345117

New Principal Place of Business:

Current Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 331345117

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 331345117 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: KHOSRAVI, S. SHAWN
Address: 299 ALHAMBRA CIRCLE, SUITE 404
City-St-Zip: CORAL GABLES, FL 331345117

Title: VPD
Name: GUILARTE, ERASMO ANDRES
Address: 6274 SW 35 STREET
City-St-Zip: MIAMI, FL 331554934

Title: VPD
Name: KHOSRAVI, EZZATOLLAH
Address: 10331 QUITO STREET
City-St-Zip: HOLLYWOOD, FL 330264535

Title: STD
Name: HINES, KENT CHARLES
Address: 504 NAVARRE AVENUE
City-St-Zip: CORAL GABLES, FL 331344232

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: S. SHAWN KHOSRAVI

PD

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date