

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090743

FILED  
Jan 11, 2012  
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

01/11/2012

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

\_\_\_\_\_ Date