## **2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000051077

Entity Name: CITY NATIONAL CAPITAL FINANCE INC.

**Current Principal Place of Business:** 

25 W FLAGLER ST MIAMI. FL 33130

**Current Mailing Address:** 

25 W FLAGLER ST MIAMI, FL 33130 US

FEI Number: 81-1486473 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTIN, S. MARSHALL 25 W FLAGLER ST., 5TH MIAMI, FL 33130 US

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

FILED Jan 16, 2018

**Secretary of State** 

CC5127751663

## Officer/Director Detail:

Title D Title D

 Name
 GONZALEZ, JORGE
 Name
 BUSTLE, NICOLAS

 Address
 25 W FLAGLER ST
 Address
 25 W FLAGLER ST

 City-State-Zip:
 MIAMI FL 33130
 City-State-Zip:
 MIAMI FL 33130

Title D Title DP

NameYARUR, DIEGONameCIRA, THOMASAddress25 W FLAGLER STAddress25 W FLAGLER STCity-State-Zip:MIAMI FL 33130City-State-Zip:MIAMI FL 33130

Title S&SVP Title ASSTS

NamePOWERS, MICHAELNameMARTIN, S MARSHALLAddress25 W FLAGLER STAddress25 W FLAGLER STCity-State-Zip:MIAMI FL 33130City-State-Zip:MIAMI FL 33130

Title SVP Title SVP

NameTROLLINGER, MARKNameSERIO, JOSEPHAddress25 W FLAGLER STAddress25 W FLAGLER STCity-State-Zip:MIAMI FL 33130City-State-Zip:MIAMI FL 33130

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. MARSHALL MARTIN

ASSISTANT SECRETARY 01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date