


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90026 036 \*\*\*150.00

<b>DOCUMENT # F24262</b>							
1. Entity Name <b>EXECUTIVE BANKING CORPORATION</b>							
Principal Place of Business <b>9600 N. KENDALL DR. MIAMI, FL 33176-1919</b>			Mailing Address <b>9600 N. KENDALL DR. MIAMI, FL 33176-1919</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2093771</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>FELLER, FILIP</b> <b>13450 SW 126 ST BAY 12</b> <b>MIAMI, FL 33186</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SAFIE, CARLOS A				NAME	Guillermo Fernandez-Quincoces	
STREET ADDRESS	9600 N KENDALL DRIVE				STREET ADDRESS	100 S.E. Second Street, Suite #1600	
CITY-ST-ZIP	MIAMI, FL 33176				CITY-ST-ZIP	Miami, Florida 33131-2158 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete		TITLE			
NAME	BEFELER, GEORGE				NAME		
STREET ADDRESS	9600 N KENDALL DRIVE				STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL				CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE			
NAME	ENRIQUEZ, MARIA				NAME		
STREET ADDRESS	9600 N KENDALL DRIVE				STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL				CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete		TITLE			
NAME	WOOD, BARRY				NAME		
STREET ADDRESS	9600 N KENDALL DRIVE				STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL				CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE			
NAME	ARGUELLO, ROBERTO J				NAME		
STREET ADDRESS	9600 N KENDALL DRIVE				STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176				CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE			
NAME	EDE, ELIAS N				NAME		
STREET ADDRESS	9600 N KENDALL DR				STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176				CITY-ST-ZIP		
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: _____			Date: <b>4/15/08</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							