


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 028 ***158.75

DOCUMENT # G46037 1. Entity Name INTERNATIONAL FINANCE BANK					
Principal Place of Business 801 BRICKELL AVENUE, SUITE 2400 MIAMI, FL 33131-2913			Mailing Address 801 BRICKELL AVENUE, SUITE 2400 MIAMI, FL 33131-2913		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2327185				Applied For Not Applicable	
5. Certificate of Status Desired XXX				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARPIA, NAUSHAD 801 BRICKELL AVENUE, SUITE 2400 MIAMI, FL 33131-2913			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PARPIA, NAUSHAD 2322 SW 23 TERRACE MIAMI, FL 33145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 801 Brickell Avenue, Suite 2400 Miami, Florida 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT COLLAZO, MANUEL E JR. 1918 NW 171 AVE. PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 801 Brickell Avenue, Suite 2400 Miami, Florida 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ALVARADO, NELSON 9960 SW 60 COURT MIAMI, FL 33156 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 801 Brickell Avenue, Suite 2400 Miami, Florida 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAFIE, ALEJANDRO 9500 SW 120 ST. MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 801 Brickell Avenue, Suite 2400 Miami, Florida 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/28/2008 Daytime Phone # (305) 648-8800		