

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057066

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: EASTERN NATIONAL HOLDINGS, INCORPORATED

## Current Principal Place of Business:

EASTERN NATIONAL BANK  
799-BRICKELL PLAZA  
MIAMI, FL 331311897

## New Principal Place of Business:

## Current Mailing Address:

EASTERN NATIONAL BANK  
799-BRICKELL PLAZA  
MIAMI, FL 331311897

## New Mailing Address:

FEI Number: 65-0438408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EASTERN NATIONAL BANK  
799 BRICKELL PLAZA  
MIAMI, FL 33131      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DE TOBON, CLEMENCIA I  
Address: 799 BRICKELL PLAZA  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete  
Name: VALLE, ISIS  
Address: 799 BRICKELL PLAZA  
City-St-Zip: MIAMI, FL 33131

Title: VPT ( ) Delete  
Name: GONZALEZ-VINAS, ARMANDO  
Address: 799 BRICKELL PLAZA  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: COLON, ALBERTO  
Address: 799 BRICKELL PLAZA  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO GONZALEZ-VINAS

VPT

04/25/2008

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

\_\_\_\_\_  
Date