

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000093015

1. Entity Name
SOFISA BANK OF FLORIDA



Principal Place of Business

14095 S. DIXIE HWY.
MIAMI, FL 33156

Mailing Address

P.O. BOX 562500
MIAMI, FL 33256-2500



07192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0878433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000572395
07/27/06 80004 000 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURMAIAN, VARUJAN
STREET ADDRESS	14095 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	BURMAIAN, ALEXANDRE
STREET ADDRESS	14095 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	CORTES, ALVARO
STREET ADDRESS	720 CORAL WAY 12B
CITY-ST-ZIP	CORAL GABLES, FL 331344878
TITLE	D
NAME	LONDONO, ROBERT M
STREET ADDRESS	13701 OLD CUTLER ROAD
CITY-ST-ZIP	MIAMI, FL 331581336
TITLE	D
NAME	BURGESS, DONALD L
STREET ADDRESS	1994 PALO ALTO AVENUE
CITY-ST-ZIP	VILLAGES OF LADY LAKE, FL 32159
TITLE	D
NAME	PAULO, ROCHA
STREET ADDRESS	104 CRANDON BOULEVARD, APT. 412
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06 305 256 0900
Date Daytime Phone #