## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 07, 2008 8:00 am Secretary of State **DOCUMENT #432780** 05-07-2008 90106 040 \*\*\*150.00 **ESPIRITO SANTO BANK** Principal Place of Business Mailing Address 40098611 1395 BRICKELL AVENUE 1395 BRICKELL AVENUE MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 CR2E034 (12/06) Chq-P City & State City & State 4. FEI Number Applied For 59-1479450 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FL 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 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BALESTRA, VICTOR C NAME NAME STREET ADDRESS 917 PARADISO AVE STREET ADDRESS CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change GILBERT, JACKSON B NAME NAME STREET ADDRESS 2843 S BAYSHORE DR. UNIT 16-D STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE **X** Delete TITLE ☐ Change Jose R. dela Torre # 503 IVANÉTIC, MIRJAN NAME NAME STREET ADORESS 8940 SAVANNAH PARK RD. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition BUERMANN, ERIC NAME NAME STREET ADDRESS 6075 SW 92 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NORTH, MARK NAME NAME 10720 SW 69 AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE POPPE, NUNO 7130 SW 108 TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP CiTY-ST-7IP

12. Thereby 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 is changed, or on an attachment with an address, with all other like appropriated.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED