

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432780

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: ESEPIRITO SANTO BANK

## Current Principal Place of Business:

1395 BRICKELL AVENUE  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

1395 BRICKELL AVENUE  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 59-1479450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ROBERT W. STEWART, PA  
18001 OLD CUTLER ROAD  
SUITE 600  
MIAMI, FL 33157 US

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: ROBERT W. STEWART

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BALESTRA, VICTOR C  
Address: 917 PARADISO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: GILBERT, JACKSON B  
Address: 2843 S BAYSHORE DR, UNIT 16-D  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: DELA TORRE, JOSE R  
Address: 1581 BRICKELL AVE STE 503  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: BUERMANN, ERIC  
Address: 6075 SW 92 STREET  
City-St-Zip: MIAMI, FL 33157

Title: PD ( ) Delete  
Name: NORTH, MARK  
Address: 10720 SW 69 AVENUE  
City-St-Zip: MIAMI, FL 33156 US

Title: SVT ( ) Delete  
Name: POPPE, NUNO  
Address: 7130 SW 108 TERRACE  
City-St-Zip: MIAMI, FL 33156 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NUNO POPPE

SVT

03/17/2009

Electronic Signature of Signing Officer or Director

Date