


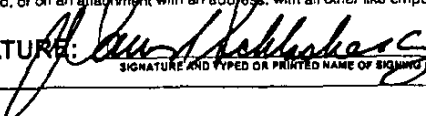
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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 446653			
1. Entity Name TOTALBANK			
Principal Place of Business 2720 CORAL WAY MIAMI, FL 33145		Mailing Address 2720 CORAL WAY MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
City & State		4. FEI Number 59-1498440	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHLOSBERG, DAVID I TOTAL BANK BUILDING 2720 CORAL WAY MIAMI, FL 33145		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LOPEZ, JORGE L 2720 CORAL WAY MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARSHT, ADRIENNE 2720 CORAL WAY MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FELDMAN, MYER 2720 CORAL WAY MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FELDMAN, MYER 2720 CORAL WAY MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEFFERNAN, WILLIAM J 2720 CORAL WAY MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEFFERNAN, WILLIAM J. 2720 CORAL WAY MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, BRUCE 2720 CORAL WAY MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRARA, ALBERTO G. 2720 CORAL WAY MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASENCIA, GEORGE A 2720 CORAL WAY MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLOSBERG, DAVID I. 2720 CORAL WAY MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATAS, RAQUEL 201 S. BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIOLA, EDUARDO J. 2720 CORAL WAY MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" 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 reports 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: 		DAVID I. SCHLOSBERG, January 6, 2006 (305) 476-6269	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT 40020892

#446653

2006 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)
DOCUMENT NUMBER 446653 - FEI # 59-1498440

ATTACHMENT FOR OFFICERS/DIRECTORS

Title: D ADD AS DIRECTOR
Name: **CEJAS, PABLO L.**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **GONZALEZ, SERGIO M.**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **KELLER, BRUCE**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **LOPEZ, JORGE L.**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **MATAS, RAQUEL M.**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **PLASENCIA, GEORGE A.**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **REUS, ALEXANDER**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **SOTO, JAVIER A.**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145

Title: D ADD AS DIRECTOR
Name: **VANGATES, RONDA A.**
Address: 2720 Coral Way
City-St.-Zip: Miami, FL 33145