

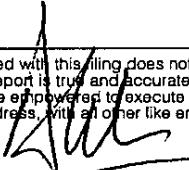


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90047 025 \*\*\*158.75

<b>DOCUMENT # 569784</b> 1. Entity Name <b>EAGLE NATIONAL HOLDING COMPANY</b>					
Principal Place of Business <b>701 BRICKELL AVE SUITE 1250 MIAMI, FL 33131 US</b>			Mailing Address <b>701 BRICKELL AVE SUITE #1250 MIAMI, FL 33131 US</b>		
2. Principal Place of Business <b>8200 NW 33rd Street</b>		3. Mailing Address <b>8200 NW 33rd Street</b>		  03152005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. <b>400</b>		Suite, Apt. #, etc. <b>400</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>			
Zip <b>33122</b>		Zip <b>33122</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-1973202</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GILINSKI, JAIME 701 BRICKELL AVE MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8200 NW 33rd Street 400 Miami, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SLOAN, DAVID 1585 BROADWAY 23RD FLOOR NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DS</del> EVP/Director 8200 NW 33rd Street 400 Miami, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Spritzer 9655 South Dixie Highway 3rd Floor Miami FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert L. Brookes 8200 NW 33rd Street 400 Miami FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DAVID W. SLOAN EVP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 305-477-0858		