2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 569784

EAGLE NATIONAL HOLDING COMPANY



Principal Place of Business

Mailing Address

8200 NW 33RD ST

STE 400 MIAMI, FL 33122 US 8200 NW 33RD ST STE 400

MIAMI, FL 33122

FILED May 02, 2007 8:00 am Secretary of State

05-02-2007 90046 009 ***150.00



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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1973202

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

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TEANTATION, FE 30024		IN:THIS SPACE				
en de la companya de			• • • • • • • • • • • • • • • • • • •			
8. The above named entity submits this statement for the purpose of of the obligations of registered agent. SIGNATURE SIGNATURE					miliar with, and accept	
Signature, typed or printed name of registered agent and title 4 applicable.	(NOTE: Registered	Agent signature	required when reinstating)	DATE		
	tion Campaign Financ t Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS						
TITLE DC NAME GILINSKI, JAIME STREET ADDRESS 8200 NW 33RD ST STE 400 CITY-ST-ZIP MIAMI, FL 33122		•				
TITLE DEVP					• .	
ME SLOAN, DAVID W			•			
STREET ADDRESS 8200 NW 33RD ST STE 400						
CITY-ST-ZIP MIAMI, FL 33122						
TITLE D NAME SPRITZER, MICHAEL				•		
STREET ADDRESS 2525 PONCE DE LEON BWD. 5th Floor						
CITY-ST-ZIP MIAMI, FL 33133	DO NOT WRITE					
TITLE D NAME BROOKES, ROBERT L STREET ADDRESS 8200 NW 33RD ST STE 400 CITY-ST-ZIP MIAMI, FL 33122			IN T	HIS SPACE		
TITLE	•					
NAME			•			
STREET ADDRESS CITY-ST-ZIP						
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TITLE		•	•			
NAME STREET ADDRESS			•	•		
CITY-ST-ZIP				,		
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I hereby certify that the information supplied with this right 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 trustlet employered 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 AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #