


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90044 049 ***150.00

DOCUMENT # 569784 1. Entity Name EAGLE NATIONAL HOLDING COMPANY	
---	---

Principal Place of Business 8200 NW 33RD ST STE 400 MIAMI, FL 33122 US	Mailing Address 8200 NW 33RD ST STE 400 MIAMI, FL 33122 US
--	--

DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1973202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GILINSKI, JAIME 8200 NW 33RD ST STE 400 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP SLOAN, DAVID W 8200 NW 33RD ST STE 400 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRITZER, MICHAEL 2525 PONCE DE LEON BOVD. 9655 S DIXIE HWY 3RD FLOOR 5TH FLOOR MIAMI, FL 33156 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKES, ROBERT L 8200 NW 33RD ST STE 400 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 June 2008 917 899859
Date Daytime Phone #