2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State **DOCUMENT #605236** 04-09-2007 90049 003 ***158.75 COMMERCIAL BANK OF FLORIDA Mailing Address Principal Place of Business 1550 S.W. 57TH AVENUE 1550 S.W. 57TH AVENUE MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01262007 Chq-P Applied For City & State 4. FEI Number City & State 59-1872834 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bruce P. Steinberger PARTAGAS, JACK J Street Address (P.O. Box Number is Not Acceptable) 1550 SW 57th Avenue % COMMERCIAL BANK OF FLORIDA 1550 S.W. 57TH AVENUE MIAMI, FL 33144 33144 FL Miami 8. The above named entity submits this statement for the purpose of changing of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Bruce P. Steinberger DATE Signature, typed or crinted name of registered agent and title if applicable . required when reinslating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPS DP Addition TITLE Change TITLE ■ Delete Steinberger, Bruce P. PARTAGAS, JACK J NAME NAME 1550 SW 57th Ave **7540 SW 158TH TERRACE** STREET ADDRESS STREET ADDRESS Miami, FL 33144 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33157 D Addition Change D ☐ Delete TITLE TITLE Anderson, Cromwell A. NAMOFF, ROBERT NAME NAME 1029 Hardee Road STREET ADDRESS STREET ADDRESS 9440 SW 140 STREET CITY-ST-ZIE Miami, FL 33146 CITY-ST-78P MIAMI, FL 33176 VT X Addition ☐ Detete TITLE ☐ Change TITLE SIMON, SHERMAN NAME Reed, Barbara E. NAME STREET ADDRESS STREET ADDRESS 9999 COLLINS AVE. 20K 1550 SW 57th Avenue CITY-ST-ZIP CITY - ST - ZIP BAL HARBOUR, FL Miami, FL 33144 ☐ Change Addition ☐ Delete TITLE TITLE ARMALY, JOSEPH NAME STREET ADDRESS 1550 S.W. 57TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY - ST - 7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE YELEN, MARTIN NAME 1925 BRICKELL AVENUE, #1001 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33129 ☐ Change ☐ Addition TITLE TITLE ☐ Delete SONTAG, MICHAEL W NAME NAME STREET ADDRESS 14535 SW 63 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33158 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 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

empowered.

ING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE AND TYPED OF PRINTED NAME OF

SIGNATURE: _

FILED

Daytime Phone #

2007 FOR PROFIT CORPORATION

ATTACHMENT

| ANNUAL REPORT | | | | | | • • • • | 1 1 1 5 1 1 1 1 | | |
|---|--|---|---------------------------------------|---|---|---------------------|-------------------------|------------------------------|--|
| DOCUMEN # 605236 1. Entity Name COMMERCIAL BANK OF FLORIDA | | | | | | | | | |
| Principal Place of Business 1550 S.W. 57TH AVENUE MIAMI, FL 33144 | | Mailing Address 1550 S.W. 57TH AVENUE MIAMI, FL 33144 | | | 4 | 0052 | 824 | | |
| 2. Principal Pl | ace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suile, Apt. #, etc. | | | 01262007 | Chg-P | CR2E034 (12/06) |) | |
| City & State | | City & State | | | 4. FEI Number 59-187 | | ⊢ | oplied For lot Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | \$8.75 Ac Fee Requir | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | Name | D | D. Chadalana | | | | |
| PARTAGAS, JACK J % COMMERCIAL BANK OF FLORIDA 1550 S.W. 57TH AVENUE MIAMI, FL 33144 | | | <u> </u> | Bruce P. Steinberger Street Address (P.O. Box Number is Not Acceptable) 1550 SW 57th Avenue | | | | | |
| Çit Mi | | | | i FL 33124 | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE Bruce P. Steinberger // // Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 P. Election Campaign Financing St.00 May Be Added to Fees Added to Fees | | | | | | | | | |
| 10. | OFFICERS AND C | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | ICERS AND DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS | DP TITLE PARTAGAS, JACK J P540 SW 158TH TERRACE STREE | | | DPS Steinberger, Bruce P. 1550 SW 57th Ave | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | Mian | ai, FL | 33144 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAMOFF, ROBERT 9440 SW 140 STREET MIAMI, FL 33176 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ande 1029 | erson, Ci Hardee ni, FL | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMON, SHERMAN 9999 COLLINS AVE. 20K BAL HARBOUR, FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT Reed 1550 | i, Barbaı O SW 57tl mi, FL | ra E. 1 Avenue | ☐ Change | ⊠ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD ARMALY, JOSEPH 1550 S.W. 57TH AVENUE MIAMI, FL | ☐ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addilion | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YELEN, MARTIN 1925 BRICKELL AVENUE, #1001 MIAMI, FL 33129 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SONTAG, MICHAEL W 14535 SW 63 COURT MIAMI, FL 33158 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 20012: | in Chanter | D. Florido Statutas | Change | | |
| 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 | | | | | | | | | |

SIGNATURE: _