

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005729

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: INTERAUDI BANK

## Current Principal Place of Business:

19 EAST 54TH STREET  
NEW YORK, NY 10022

## New Principal Place of Business:

## Current Mailing Address:

19 EAST 54TH STREET  
NEW YORK, NY 10022

## New Mailing Address:

FEI Number: 13-3148430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACHKAR, NABIL J  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 2650  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: AUDI, JOSEPH G  
Address: 19 EAST 54TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: VCD ( ) Delete  
Name: GRANT, WILLIAM R  
Address: 19 EAST 54TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: BURNS, RICHARD  
Address: 19 EAST 54TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: BUCHERT, DENNIS  
Address: 19 EAST 54TH ST  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: KHOURY, WAEL  
Address: 19 EAST 54TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: LATAIF, LOUIS E  
Address: 19 EAST 54TH STREET  
City-St-Zip: NEW YORK, NY 10022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY LOPEZ

VP

07/03/2006

Electronic Signature of Signing Officer or Director

Date