2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24262

FILED Jan 08, 2007 Secretary of State

Date

Entity Name: EXECUTIVE BANKING CORPORATION

Current Principal Place of Business: New Principal Place of Business: 9600 N. KENDALL DR. MIAMI, FL 331761919 **Current Mailing Address: New Mailing Address:** 9600 N. KENDALL DR MIAMI, FL 331761919 FEI Number: 59-2093771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELLER, FILIP FELLER, FILIP 9600 NORTH KENDALL DRIVE 13450 SW 126 ST BAY 12 MIAMI, FL 33176 MIAMI, FL 33186 US 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: FILIP FELLER 01/08/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SAFIE, CARLOS A Name: Name: 9600 N KENDALL DRIVE Address: Address: MIAMI, FL 33176 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: BEFELER, GEORGE Name: 9600 N KENDALL DRIVE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: () Delete () Change () Addition ENRIQUEZ, MÁRIA Name: Name: 9600 N KENDALL DRIVE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: STD () Delete Title: () Change () Addition WOOD, BARRY Name: Name: Address: 9600 N KENDALL DRIVE Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: () Delete () Change () Addition ARGUELLO, ROBERTO J Name: Name: 9600 N KENDALL DRIVE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: () Delete Title: Title: () Change () Addition Name: EDE, ELIAS N Name: 9600 N KENDALL DR Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33176 I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119,

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: CARLOS A. SAFIE

PD

01/08/2007

Florida Statutés. 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