2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# F26831

Entity Name: COMMUNITY BANK OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

28801 S.W. 157TH AVE.
P.O. BOX 379
HOMESTEAD, FL 330332437

New Principal Place of Business:

28801 S.W. 157TH AVE.
HOMESTEAD, FL 330332437

Current Mailing Address:

28801 S.W. 157TH AVE.
P.O. BOX 379
HOMESTEAD, FL 330332437

New Mailing Address:

FEI Number: 59-2331828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EPLING, ROBERT L.
28801 S.W. 157TH AVE.
HOMESTEAD, FL 33030 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VCD (X) Delete
Name: CASE, GERALD C,
Address: 14925 SW 232 ST
City-St-Zip: GOULDS, FL

Title: PD ( ) Delete
Name: EPLING, ROBERT,
Address: 14800 SW 236 STREET
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Delete
Name: BOGGS, COLLEEN H
Address: 16300 SW 184TH ST
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: MARCUS, MICHAEL
Address: 20801 SW 157 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

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:

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: ROBERT L EPLING PD 03/14/2007
Electronic Signature of Signing Officer or Director Date