2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F97000006596 03-12-2007 90376 048 ***158.75 SUN AMERICAN BANCORP Mailing Address Principal Place of Business 40034511 1200 N. FEDERAL HWY., #111-A 1200 N. FEDERAL HWY... #111-A BOCA RATON, FL 33432 BOCA RATON, FL 33432 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #. etc 02282007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0325364 Not Applicable Żip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NICHOLS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1200 N. FEDERAL HWY **SUITE # 111-A** BOCA RATON, FL 33432 City FL Zip Code 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. Signature, typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when revisitating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change Addition TITLE Nichola PERRONE, STEPHEN L NAME NAME 9735 Vireyard Cffp 1915 BRICKELL AVE. #706C STREET ADDRESS STREET ADDRESS Boca Porton, FL 334128 CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP Change Addition D TITLE Delete TITLE Rosinus Mictael One worthfield Floser, Ste Sco FAMADAS, NELSON NAME NAME 1332 ASTURIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY - ST - ZIP JORHAPOLD , IL <u>PP000</u> DS ☐ Change Addition TITLE **E** Delete TITLE valle, 171, beeto NAME CASTRO, HUGO NAME ed #21, w POFF **7411 SW 66 ST L AVENUE** STREET ADDRESS STREET ADDRESS Highean, FL MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE Barreiro, Alfredo 1201 E. Calusa Club. DR. MARINELLO, LEONARD NAME STREET ADDRESS STREET ADDRESS 600 NE 101 ST CITY-ST-ZIP MIAMI SHORES, FL 33138 CITY-ST-ZIP <u>Miami, FL</u> Addition ☐ Change Delete TITLE TITLE Bernudez, Wilmer PARTRIDGE, JAMES F NAME NAME STREET ADDRESS STREET ADDRESS 3929 GRANADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP GOLDEN, MICHAEL E ☐ Change ☐ Addition TITLE Delete NAME NAME 1200 FEDERAL HIGHWAY, SUITE #111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432

12. I hereby certify that the information supplied with this filling 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

OFFICER OR DIRECTOR

SIGNATURE: _

FILED Mar 12, 2007 8:00 am

Daytime Phone #