2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J08178

Entity Name: REGENT BANK

FILED Feb 09, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|--|---|----------------------------|--|-----------------------------------|
| 2205 S. UNIVERSITY DR DAVIE, FL 33324 | | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 2205 S. UNIVERSITY DR DAVIE, FL 33324 | | | | |
| FEI Number: 59-2608698 | | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
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| Election Campaign Financing Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () E CERRA, JEAN G 11300 NE 2ND A MIAMI SHORES, | | Title: Name: Address: City-St-Zip: | () Change() Addition |
| Title: Name: Address: City-St-Zip: | D () CAPORELLA, TH 160 S. UNIVERSI PLANTATION, FL | ITY DR. STE C | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D ()EROSENBAUM, IR 3200 S UNIVERS FORT LAUDERD | SITY DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () E GRIFFIN, ALFRE 6211 S.W. 45TH DAVIE, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | DC () E SPIRO, CYRIL S 712 SOLAR ISLE FORT LAUDERD | DR | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () E TOWN, GEORGE 3250 STIRLING F HOLLYWOOD, F | RD. | Title: Name: Address: City-St-Zip: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify 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: CYRIL S SPIRO DC 02/09/2009