

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83035

FILED
Mar 13, 2007
Secretary of State

Entity Name: SUN AMERICAN BANK

Current Principal Place of Business:

1200 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1200 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-2688123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLS, ROBERT
1200 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33432 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: PD () Delete
Name: CASTRO, HUGO A
Address: 7411 SW 66TH STREET
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: MARINELLO, LEONARD F
Address: 600 NE 101 ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: VALLE, ALBERTO
Address: 7709 W 15TH AVE
City-St-Zip: HIALEAH, FL 33014

Title: DC () Delete
Name: GOLDEN, MICHAEL E
Address: 1200 FEDERAL HIGHWAY, SUITE #111
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: PARTRIDGE, JAMES
Address: 3929 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: PERRONE, STEPHEN L
Address: 1915 BRICKELL AVE., #706C
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FAMADAS, NELSON
Address: 1332 ASTURIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: DCP (X) Change () Addition
Name: GOLDEN, MICHAEL E
Address: 1200 FEDERAL HIGHWAY, SUITE #111A
City-St-Zip: BOCA RATON, FL 33432

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: MICHAEL E. GOLDEN

DCP

03/13/2007

Electronic Signature of Signing Officer or Director

_____ Date