

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K41590 1. Entity Name SOUTH FLORIDA EXPRESS BANKSERV, INC.	
---	---

Principal Place of Business 8155 NW 33RD STREET MIAMI, FL 33122 US DORAL	Mailing Address 8155 NW 33RD STREET MIAMI, FL 33122 US DORAL
--	--



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0082476	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA-VIDAL, RAOUL ESQ ONE ALHAMBRA PLAZA SUITE 1450 CORAL GABLES, FL 33134
--

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

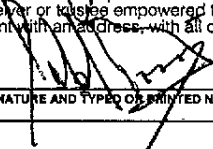
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRAVO, PABLO P 5121 GRANADA BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BRAVO, PAUL A 11580 SW 96 TER MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BRAVO, HUBERTINA 5121 GRANADA BLVD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000173382
01/07/05-80016-017 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **01/05/05** **305-477-2244 x208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #