2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/18

FILED
Feb 15, 2007 8:00 am
Secretary of State
01-18-2007 90090 006 ***158.75

DOCUMENT # K41590

1. Entity Name
SOUTH FLORIDA EXPRESS BANKSERV, INC.

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

DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DCS
NAME	BRAVO, PABLO P
STREET ADDRESS	5121 GRANADA BLVD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DPT
NAME	BRAVO, PAUL A
STREET ADDRESS	11580 SW 96 TER
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	COLLAZO, ANDRES L
STREET ADDRESS	8155 NW 33 STREET
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Pablo P Bravo 02/09/07 305-477-2244 X204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #