2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41590

FILED Jan 18, 2008 Secretary of State

Entity Name: SOUTH FLORIDA EXPRESS BANKSERV, INC.

Current Principal Place of Business: New Principal Place of Business:

8155 NW 33RD STREET DORAL, FL 33122 US

Current Mailing Address: New Mailing Address:

8155 NW 33RD STREET DORAL, FL 33122 US

FEI Number: 65-0082476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA-VIDAL, RAOUL ESQ
ONE ALHAMBRA PLAZA
SUITE 1450
CORAL GABLES, FL 33134 US
GARCIA-VIDAL, RAOUL ESQ
2655 LE JEUNE ROAD
SUITE 542
CORAL GABLES, FL 33134 US

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: 01/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCS () Delete Title: DCS (X) Change () Addition Name: BRAVO, PABLO P BRAVO, PABLO P

Address: 5121 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL
Address: 5121 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL
City-St-Zip: CORAL GABLES, FL

Title: DPT () Delete Title: () Change () Addition Name: BRAVO, PAUL A Name:

 Name:
 BRAVO, PAUL A
 Name:

 Address:
 11580 SW 96 TER
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: V (X) Delete Title: () Change () Addition

 Name:
 COLLAZO, ANDRES L
 Name:

 Address:
 8155 NW 33 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:

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: PABLO P. BRAVO DCS 01/18/2008