

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

04-22-2005 90269 043 ***158.75
L34954

DOCUMENT # L34954 1. Entity Name HELM BANK	
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Principal Place of Business 999 BRICKELL AVENUE MIAMI, FL 33131	Mailing Address 999 BRICKELL AVENUE MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0159184	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent

**NOR REQUIRED PURSUANT TO FLORIDA STATUTES
CHAPTER 607.034 (2)
., FL**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

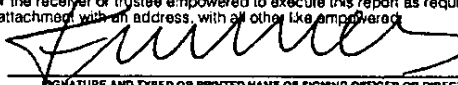
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FENTON, JAMES P. 1983 NW 88 COURT, SUITE 301 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDBERG, MICHAEL 16855 NE 2ND AVE SUITE 303 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WILDE, GEORGE WILLIAM 1200 BRIKELL AVE., SUITE 305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD POWELL, JEFFERSON N JR 1200 BRICKELL AVE., SUITE 305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNERA, FERNANDO R 1312 S. MIAMI AVE. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SGUERRA, CARLOS AVE VENEZUELA TORRE MARIANAPLANTA BAJA EL ROSAL CARACAS, VE

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IN THIS SPACE**

JB516

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #