

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34954

Entity Name: HELM BANK

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

999 BRICKELL AVENUE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

999 BRICKELL AVENUE
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0159184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FENTON, JAMES P
Address: 999 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GOLDENBERG, MICHAEL
Address: 16855 NE 2ND AVE SUITE 303
City-St-Zip: N MIAMI BEACH, FL

Title: CD () Delete
Name: WILDE, GEORGE W
Address: 999 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: POWELL, JEFFERSON N JR
Address: 999 BRICKELL AVENUE THIRD FLOOR
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: MUNERA, FERNANDO R
Address: 999 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: SGUERRA, CARLOS
Address: AVE VENEZUELA TORRE MARIANAPLANTA BAJA
City-St-Zip: EL ROSAL CARACAS, VE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: FERNANDO MUNERA

PD

05/22/2007

Electronic Signature of Signing Officer or Director

Date