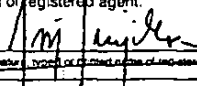
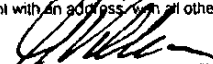


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -4 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50038499

DOCUMENT # M17400			
1. Entity Name COMMERCEBANK HOLDING CORPORATION			
Principal Place of Business % CORPORATION COMPANY OF MIAMI 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		Mailing Address % CORPORATION COMPANY OF MIAMI 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
2. Principal Place of Business 220 Alhambra Circle		3. Mailing Address 220 Alhambra Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Country U.S.A.	
4. FEI Number 65-0032379		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRA, PEDRO R COMMERCEBANK N.A. 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Ivan E. Trujillo Street Address (P.O. Box Number Is Not Acceptable) 220 Alhambra Circle City: Coral Gables FL Zip Code: 33134	
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: March 30, 2005 (NOTE: Registered Agent signature required when remitting)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARTURET, GUSTAVO 220 ALHAMBRA CIRCLE MIAMI, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose Antonio Villamil 2655 LeJeune Road, Suite 608 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MILLAR 1307 CAMPO SANO AVE. CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas E. Krayenbuch 220 Alhambra Circle Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBO, JUAN S 16530 SW 104TH AVE MIAMI, FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Guillermo Villar 220 Alhambra Circle Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAMIL, JOSE ANTONIO EDIFICIO BANCO MERCANTIL CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Reeves 1627 Brickell Avenue, Apt. 2207 Miami, FL 33129 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAYENBUENL, THOMAS E 220 ALHAMBRA CIRCLE MIAMI, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Salvador Lopez de Azua 4635 Windward Cove Lane Wellington, FL 33467 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, TIMOTHY 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luis Alberto Romero 220 Alhambra Circle Coral Gables, FL 33134 ☐ Change ☒ Addition
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: 		4-4-05 Date Daytime Phone #	