


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M43355		
1. Entity Name BANKEST CAPITAL CORP.		

Principal Place of Business 999 BRICKELL AVE 11TH FLR MIAMI, FL 33131 US	Mailing Address 999 BRICKELL AVE 11TH FLR MIAMI, FL 33131 US
--	--

2. Principal Place of Business 2675 South Bayshore Dr Suite, Apt. #, etc.	3. Mailing Address 2675 South Bayshore Dr Suite, Apt. #, etc.
--	--

City & State MIAMI FL	City & State MIAMI FL
---------------------------------	---------------------------------

Zip 33133	Country	Zip 33133	Country
---------------------	---------	---------------------	---------

6. Name and Address of Current Registered Agent FREEMAN, LEWIS B RECEIVER FOR BANKEST CAPITAL CORP. 2675 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ORLANSKY, EDUARDO 999 BRICKELL AVE 11TH FLR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o IRA LOEWY, ESQ. 800 BRICKELL DR PH-2 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLANSKY, HECTOR 999 BRICKELL AVE 11TH FLR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o IRA LOEWY, ESQ. 800 BRICKELL DR PH-2 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PLERTO, ARICIDNA 999 BRICKELL AVE 11TH FLR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DV PUERTO, ARICIDNA c/o MICHEL WEIZ, ESQ. 9350 S. DIXIE HIGHWAY #1500 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700041573467 10/04/04--01052--010 ***550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Luis B. Freeman, Receiver* **10/01/04 (305) 443-6622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #

FILED

04 OCT -4 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2763892	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--