

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006566

FILED
Apr 27, 2006
Secretary of State

Entity Name: BANKERS CLUB OF MIAMI, INC.

Current Principal Place of Business:

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD 14TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD 14TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 06-1704243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONNETT, NEAL R
TWO SOUTH BISCAYNE BLVD., STE. 2600
MIAMI, FL 331311804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: PAPPAS, MICHAEL
Address: 1 BISCAYNE TOWER 2 S BISCAYNE BLVD 14 FL.
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: SONNETT, NEAL R
Address: 1 BISCAYNE TOWER 2 S BISCAYNE BLVD 14 FL.
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: KOGAN, GERALD
Address: 1 BISCAYNE TOWER 2 S BISCAYNE BLVD 14 FL.
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: CARLIN, ADAM E
Address: 1 BISCAYNE TOWER 2 S BISCAYNE BLVD 14 FL.
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: SONNETT, NEAL R
Address: 1 BISCAYNE TOWER 2 S BISCAYNE BLVD 14 FL.
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change () Addition
Name: CARLIN, ADAM E
Address: 1 BISCAYNE TOWER 2 S BISCAYNE BLVD 14 FL.
City-St-Zip: MIAMI, FL 33131

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

Title: TD (X) Change () Addition
Name: TRENCH, SUSAN
Address: 1 BISCAYNE TOWER 2 S BISCAYNE BLVD 14 FL.
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COLLIER

MGR

04/27/2006

Electronic Signature of Signing Officer or Director

Date