2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N98000002955

Entity Name: SOUTH FLORIDA BANKING INSTITUTE, INC.

Current Principal Place of Business:

28801 SW 157 AVENUE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

PO BOX 56-2272
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 65-0847792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPE, DANIEL P PRES.
28801 SW 157 AVENUE
HOMESTEAD, FL 33033 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:	PRES	( ) Delete
Name:	LIPE, DANIEL P	
Address:	28801 SW 157 AVENUE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	VP	( ) Delete
Name:	REGO, MORRIS	
Address:	3275 NW 87 AVENUE	
City-St-Zip:	MIAMI, FL 33172	
Title:	VP	( ) Delete
Name:	DOSAL, ERIC L	
Address:	8399 NW 30 TERRACE	
City-St-Zip:	MIAMI, FL 33122	
Title:	VP	( ) Delete
Name:	FRANQUI, LARRY	
Address:	9100 NW 36 STREET	
City-St-Zip:	MIAMI, FL 33152	
Title:	VP	( ) Delete
Name:	SUEIRO, ALEX	
Address:	2121 PONCE DE LEON BLVD #650	
City-St-Zip:	CORAL GABLES, FL 33134	

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:	

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: ALEX SUEIRO VP 01/10/2007

Electronic Signature of Signing Officer or Director — Date