

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021809

Entity Name: BEACH BANK

FILED
Sep 14, 2006
Secretary of State

Current Principal Place of Business:

555 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

7500 NW 25TH STREET
STE 117
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0988700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAMPOS, CARIDAD H CONTROL
7500 NW 25TH STREET
MIAMI, FL 33122 US

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: CARIDAD H CAMPOS

09/14/2006

Electronic Signature of Registered Agent

Date

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: FAY, MICHAEL T
Address: 7500 N W 25TH ST STE 117
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: HIRT, FRED D
Address: 7500 N W 25TH ST STE 117
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: KOSNITSKY, MICHAEL
Address: 7500 N W 25TH ST STE 117
City-St-Zip: MIAMI, FL 33122

Title: PCEO () Delete
Name: VALDES-FAULI, JOSE C
Address: 7500 NW 25TH ST STE 117
City-St-Zip: MIAMI, FL 33122

Title: SVP () Delete
Name: GONZALEZ-VINAS, ARMANDO F CFO
Address: 7500 NW 25TH ST STE 117
City-St-Zip: MIAMI, FL 33122

Title: SVP () Delete
Name: HERRERO, SONIA COO
Address: 7500 NW 25TH ST STE 117
City-St-Zip: MIAMI, FL 33122

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 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: CARIDAD H CAMPOS

CONT

09/14/2006

Electronic Signature of Signing Officer or Director

Date