## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P02000051432  1. Entity Name BECU CORPORATION							05-01-20	06 90392 (	028 ***150	.00	
Principal Place 150 SE 2 AV MIAMI, FL 33	E STE 1200	Mailing Address 150 SE 2 AVE STE 1200 MIAMI, FL 33131				40075347					
•	- <del> </del>	3. Mailing Address  1001 BRICKELL BAY DRIVE  Suite, Apt. #, etc.				04192006 Chg-P CR2E034 (11/05)					
L400 City & State	<del></del>	1400 City & State				4. FEI Numbe				plied For	
Zíp Country		MIAMI, FL	lry		30-007	_		\$8.75 Add	t Applicable		
3131	USA	33131	USA	•			of Status Desi		Fee Required		
	6. Name and Address of Current F	Registered Agent		Name			Address of N	lew Registere	a Agent		
ROSEN, BORIS 150 SE 2 AVE STE 1200  Name ROSEN, BC Street Address (							er is Not Acce	otable)			
MIAMI, FL 33131								· · · · · · · · · · · · · · · · · · ·			
				City			Y DRIVE	STE 140	<del></del>		
8. The above named entity submits this statement for the purpose of changing its regist					MIAMI   F   33131						
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_	cing		00 May Be d to Fees					
10.	OFFICERS AND I		11.	. 1	DPT				ND DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	DPT BENZAQUEN MARQUES, ELIAS 150 SE 2 AVE STE 1200 MIAMI, FL 33131	☐ Delete			BENZ 1001	AQUEN M BRICKE II, FL 3	LL BAY		Change STE 1400	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CULEBRAS AYALA, MANUEL 150 SE 2 AVE STE 1200 MIAMI, FL 33131	☐ Delete		e Et address	1400	BRAS AY BRICKET	LL BAY	NUEL DRIVE ST	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ Delate					-		☐ Change	☐ 'Addition '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						.,. <u>-</u> -	☐ Change	Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	Addition	
12. I hereby indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	or the exi	emptions co ture shall h	ontained ave the s	in Chapter 11same legal effe	9. Florida State ot as if made u	utes. I further o	ertily that the ir	nformation or director	