

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000157317

Entity Name: STERLING BANK

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

1189 HYPOLUXO RD
LANTANA, FL

New Principal Place of Business:

Current Mailing Address:

1189 HYPOLUXO RD
LANTANA, FL

New Mailing Address:

FEI Number: 59-2520475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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:

04/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBRIGHT, DAVID G
Address: 1189 HYPOLUXO RD
City-St-Zip: LANTANA, FL

Title: D () Delete
Name: BAVELIS, GEORGE A
Address: 500 S. OCEAN BLVD. #1007
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: COPULOS, THOMAS
Address: 1000 NW 9TH CT, STE 106
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Delete
Name: PERRY, CRAIG
Address: 825 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: SIGALOS, GEORGE L
Address: 120 E PALMETTO PARK RD, SUITE 100
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: VOGEL, THOMAS A
Address: 305 S. ANDREWS AVE. #801
City-St-Zip: FT LAUDERDALE, FL 33301

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 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 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: WILLIAM A SCHOFIELD

VP

04/08/2005

Electronic Signature of Signing Officer or Director

Date