

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 010 ***150.00

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1. Entity Name
GREAT FLORIDA BANK



Principal Place of Business
**15050 NW 79TH CT
SUITE 200
MIAMI, FL 33016**

Mailing Address
**15050 NW 79TH CT
SUITE 200
MIAMI, FL 33016**

40047241



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-1095951

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GHOMESHI, MEHDI
STREET ADDRESS 15050 NW 79TH ST SUITE 200
CITY-ST-ZIP MIAMI, FL 33016

TITLE D ☐ Delete
NAME POST, VINCENT F
STREET ADDRESS 15050 NW 79TH CT SUITE 200
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE D ☐ Delete
NAME JONES, DARYL L
STREET ADDRESS 15320 SW 98TH CT
CITY-ST-ZIP MIAMI, FL 33157

TITLE D ☐ Delete
NAME LACHER, JOSEPH P
STREET ADDRESS 6020 W SUBURBAN DR
CITY-ST-ZIP MIAMI, FL 33156

TITLE D ☐ Delete
NAME IBARGUEN, SUSANA L
STREET ADDRESS THREE GROVE ISLE #202
CITY-ST-ZIP MIAMI, FL 33133

TITLE D ☐ Delete
NAME MANDLER, MITCHELL W
STREET ADDRESS 13920 SW 72ND CT
CITY-ST-ZIP MIAMI, FL 33158

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME CARR, JAMES
STREET ADDRESS 1560 S. DIXIE HWY
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D ☐ Change ☒ Addition
NAME SLESNICK III, DONALD D.
STREET ADDRESS 2701 Ponce de Leon Blvd. #200
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ Change ☒ Addition
NAME Pantin, Jr. Leslie
STREET ADDRESS 3361 SW 3 Avenue
CITY-ST-ZIP Miami, FL 33145

TITLE D ☐ Change ☒ Addition
NAME Kahn, S. Lawrence
STREET ADDRESS 80 SW 8 Street #1870
CITY-ST-ZIP Miami, FL 33131

TITLE D ☐ Change ☒ Addition
NAME Bernstein, Kenneth
STREET ADDRESS 19501 Biscayne Blvd. #400
CITY-ST-ZIP Aventura, FL 33180

TITLE D ☐ Change ☒ Addition
NAME Roth, Neal
STREET ADDRESS 2665 S. Bayshore Drive
CITY-ST-ZIP Miami, FL 33133

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas E. Lunak* Thomas Lunak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/06

Date

(305) 514-6918

Daytime Phone #