2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
01-14-2008 90117 001 ***300.00

DOCUMENT # P04000073898

1. Entity Name
GREAT FLORIDA BANK

Principal Place of Business	Mailing Address
150 ALHAMBRA CIRCLE PENTHOUSE CORAL GABLES, FL 33134	150 ALHAMBRA CIRCLE PENTHOUSE CORAL GABLES, FL 33134

66004024

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
Smith Mackinnon PA 255 South Orange Ave Suite 800 Orlando, FL 32801	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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GHOMESHI, MEHDI 15050 NW 79TH ST SUITE 200 MIAMI, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MEHDI GHOMESHI 15050 NW 79TH ST SUITE 200 MIAMI LAKES, FL 33016	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POST, VINCENT F 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES M. CARR 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DARYL L 15320 SW 98TH CT MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEAL A. ROTH 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNSTEIN, KENNETH R 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S. LAWRENCE KAHN III 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLESNICK, DONALD D II 15050 NW.79TH CT SUITE 200 MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN M. STEIN 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PANTIN, LESLIE V JR 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE C LESLIE V. PANTIN JR. 15050 NW 79TH CT SUITE 200 MIAMI LAKES, FL 33016	☑ Change ☐ Addition

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: Roberto Diaz 1/7/08 305 514 6951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #