2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90192 025 ***150.00

DOCUMENT # P05000044774

1. Entity Name
BISCAYNE BANK

40082602

Principal Place of Business	Mailing Address
3121 COMMODORE PLAZA MIAMI, FL	3121 COMMODORE PLAZA MIAMI, FL

04232007 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 20-2548364 ☐ 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, 2007 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 PALEY, SHELDON B 1497 NW 7TH ST MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D **Perlman, Jonathan E.** **100 SE 2nd Street, 36th Floor** **Miami, FL 33131**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWEITZER, GEORGE M 1497 NW 7TH ST MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D **Simon, Steven R.** **1 SE 3rd Avenue, Ste. 2110** **Miami, FL 33131**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC LUMPKIN, THOMAS D II 2655 LEJEUNE RD, 5TH FL CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO **Yarchin, Lorie** **3121 Commodore Plaza 3rd Floor** **Coconut Grove, FL 33133**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTLOHN, ROBERT E 3121 COMMODORE PLAZA, #303 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO **Jean – Marie Florestal** **3121 Commodore Plaza 3rd Floor** **Coconut Grove, FL 33133**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KANE, MONTE E 1101 BRICKELL AVE., #M-101 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLO **Ana L. Dominguez** **3121 Commodore Plaza 3rd Floor** **Coconut Grove, FL 33133**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVEY, JEFFREY E 9155 S DADELAND BLVD, #1006 MIAMI,, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP **Glenda Gaubert** **3121 Commodore Plaza 3rd Floor** **Coconut Grove, FL 33133**	☐ 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: Lorie Yarchin, CEO 4/23/07 3054475050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #