## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000168055

Entity Name: DKB FINANCIAL CO.

FILED Jul 06, 2007 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

2199 PONCE DE LEON BOULEVARD 414 NE 195 STREET

301 N. MIAMI BEACH, FL 33179 US

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

2199 PONCE DE LEON BOULEVARD 414 NE 195 STREET

301 N. MIAMI BEACH, FL 33179 US

CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BOULEVARD
BARTOSH, DAVID K
414 NE 195 STREET

301 N. MIAMI BEACH, FL 33179 US

CORAL GABLES, FL 33134 US

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: DAVID K. BARTOSH 07/06/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete Title: ( ) Change ( ) Addition Name: BASTOSH, DAVID K Name:

 Address:
 414 N. E. 195TH STREET
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179 US
 City-St-Zip:

Title: AS (X) Delete Title: ( ) Change ( ) Addition

 Name:
 STINSON, LOUIS JR
 Name:

 Address:
 2199 PONCE DE LEON BOULEVARD, SUITE 301
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID K. BARTOSH PRES 07/06/2007