

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024945

FILED
Apr 30, 2010
Secretary of State

Entity Name: PROFESSIONAL BANK

Current Principal Place of Business:

1567 SAN REMO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1567 SAN REMO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 26-2155465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSS, GARY D PRES
1567 SAN REMO AVENUE
CORAL GABLES, FL 33146 US

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: ADLER, LESLIE
Address: 8140 SW 151 STREET
City-St-Zip: MIAMI, FL 33158

Title: D
Name: SHAPIRO, STANLEY
Address: 60 EDGEWATER DRIVE, UNIT 17K
City-St-Zip: CORAL GABLES, FL 33133

Title: D
Name: BORGUSS, RICHARD
Address: 10885 SW 82ND AVENUE
City-St-Zip: MIAMI, FL 33156

Title: D
Name: BYRNE, SEAN
Address: 7222 JAMES RIVER ROAD
City-St-Zip: NEW ALBANY, OH 43054

Title: D
Name: MARKS, MICHAL SHASHUA
Address: 20925 NE 31ST PLACE
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: SCHIMMEL, LAWRENCE
Address: 9320 SW 61ST COURT
City-St-Zip: PINECREST, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: KAREN B. AUGUST

CFO

04/30/2010

Electronic Signature of Signing Officer or Director

Date