

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085404

FILED
Mar 17, 2009
Secretary of State

Entity Name: MERCANTIL COMMERCEBANK FLORIDA BANCORP INC.

Current Principal Place of Business:

220 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

220 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES, FL 33134 US

Current Mailing Address:

220 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

220 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 80-0297916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: VILLAR, GUILLERMO
Address: 220 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: WILSON, MILLAR
Address: 220 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VILLAR, GUILLERMO
Address: 220 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D (X) Change () Addition
Name: WILSON, MILLAR
Address: 220 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

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: MILLAR WILSON

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date