

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P17959 1. Entity Name FIRST MIAMI BANCORP, INC.				 <div style="position: relative; height: 100px;"> FILED 05 MAY 27 PM 12:23 </div> <div style="position: absolute; bottom: 0; right: 0; font-size: 0.8em;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 5750 SUNSET DRIVE SOUTH MIAMI, FL 33143		Mailing Address 5750 SUNSET DRIVE SOUTH MIAMI, FL 33143			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03022005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0082986	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUNDEEN, ARTHUR MR. 5750 SUNSET DRIVE SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD City PLANTATION FL Zip Code 33324	
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: <u><i>Corrie Bryan</i></u> Special Agent in Charge <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when fee is paid.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		1000555-5/27/05 05/05/05--01038--013 ***550.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACARTHUR, BRUCE W MR. 680 N LAKE SHORE DR 19TH FLOOR CHICAGO, IL 606113084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MacArthur, Bruce W. 680 N. Lake Shore Drive 19 Floor Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNDEEN, ARTHUR MR. 5750 SUNSET DRIVE SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Hunter, Donald F. 9900 Bren Road East, Ste. 215E Minnetonka, MN 55343-9666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIRTZ, WILLIAM W MR. 680 N LAKE SHORE DR 19TH FLOOR CHICAGO, IL 606113084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD Wirtz, William W. 680 N. Lake Shore Drive 19 Floor Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIRTZ, W. R MR 680 N LAKE SHORE DRIVE 19TH FLOOR CHICAGO, IL 606113084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wirtz, W. R. 680 N. Lake Shore Drive 19 Floor Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIBLEY, CURTISS F 5750 SUNSET DRIVE SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wirtz, Peter R. 680 N. Lake Shore Drive 19 Floor Chicago, IL 60611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> <small>Signature and typed or printed name of signing officer or director</small>			Date: <u>5/25/05</u> Daytime Phone #		