

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90261 005 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                     |                                                                        |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P95000007728</b><br>1. Entity Name<br><b>BANKUNITED FINANCIAL CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                                     |                                                                        |                                                     |  |
| Principal Place of Business<br><b>255 ALHAMBRA CIR.<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                     | Mailing Address<br><b>255 ALHAMBRA CIR.<br/>CORAL GABLES, FL 33134</b> |                                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | 3. Mailing Address                                                                                                  |                                                                        |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | Suite, Apt. #, etc.                                                                                                 |                                                                        |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | City & State                                                                                                        |                                                                        | 4. FEI Number<br><b>65-0377773</b>                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | Country                                                                                                             |                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, ROBERTO<br/>7815 N.W. 148TH STREET<br/>MIAMI LAKES, FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                                                     |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                                                     |                                                                        |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                        |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>BLUM, LAWRENCE<br>10100 HIDDEN PL<br>MIAMI, FL                  | <input type="checkbox"/> Delete                                                                                     |                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DC<br>CAMNER, ALFRED<br>255 ALHAMBRA CIRCLE<br>MIAMI, FL 33134       | <input type="checkbox"/> Delete                                                                                     |                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>ORTIZ, RAMIRO<br>255 ALHAMBRA CIR<br>CORAL GABLES, FL 33134    | <input type="checkbox"/> Delete                                                                                     |                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>LAURASH, GARY<br>255 ALHAMBRA CIRCLE<br>MIAMI, FL 33134         | <input checked="" type="checkbox"/> Delete                                                                          |                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SV<br>LOPEZ, BERT<br>255 ALHAMBRA CIRCLE<br>CORAL GABLES, FL 33134   | <input type="checkbox"/> Delete                                                                                     |                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>Powell, Thomas<br>255 Alhambra Circle<br>Coral Gables, FL 33134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                        |                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>Powell, Thomas<br>255 Alhambra Circle<br>Coral Gables, FL 33134 | <input type="checkbox"/> Change <input checked="" 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>Bert Lopez</u> <b>4/27/2005 305/569-2000</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                                     |                                                                        |                                                                                                                                      |  |