


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90024 037 ***550.00

DOCUMENT # P95000097870 1. Entity Name INTERNATIONAL BANCORP OF MIAMI, INC.					
Principal Place of Business 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134			Mailing Address 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2678471 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05052008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent VALENTE, LUIS A 121 ALHAMBRA PLAZA, 15TH FLOOR CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SOLER, FRANSISCO A 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jose Valdes-Fauli 121 ALHAMBRA PLAZA, PENTHOUSE 2 MIAMI, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWILL, WILLIAM 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ricardo Perez-Reinaldo 121 ALHAMBRA PLAZA, PENTHOUSE 2 MIAMI, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBADENEIRA, DIEGO 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ernesto Poma 121 ALHAMBRA PLAZA, PENTHOUSE 2 MIAMI, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, CARLOS J 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adolfo Salume 121 ALHAMBRA PLAZA, PENTHOUSE 2 MIAMI, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, ALBERTO 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barry G. Craig, Esq 121 ALHAMBRA PLAZA, PENTHOUSE 2 MIAMI, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD PRESTAMO, ALBA M 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen L. Herbert 121 ALHAMBRA PLAZA, PENTHOUSE 2 MIAMI, 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 exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>5/5/08</u> Daytime Phone #: <u>(305) 4597456</u>		