

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000007965

1. Entity Name  
FIRST BANK OF MIAMI



Principal Place of Business  
2317 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Mailing Address  
2317 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

## 6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLD.  
#1600(BB)  
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DP TRIAY, JORGE 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP	
STREET ADDRESS	D CRUZ, ISRAEL 13215 SW 9 TERRACE MIAMI, FL 33184	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP	500060693765 10/17/05-01081--003 **61.25
STREET ADDRESS	C LOPEZ, MANUEL D 1861 SW 75 AVE. MIAMI, FL 33155	<input type="checkbox"/> Delete	STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP	LOPEZ, MANUEL D 1861 SW 75 AVE. MIAMI, FL 33155
STREET ADDRESS	D WHITCOMB, CHARLES 2112 BRICKELL AVE. MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP	PICCIOTTO, RENE DE 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
STREET ADDRESS	D RODRIGUEZ, RENE 10395 NW 46 ST MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP	SBARRA, ODOARDO 2333 PONCE DE LEON BLVD. STE. 314 CORAL GABLES, FL 33134
STREET ADDRESS	D GARCIA, RAUL R 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/05  
Date

305-444-7600  
Daytime Phone #