


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000093015 1. Entity Name SOFISA BANK OF FLORIDA	
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Principal Place of Business 14095 S. DIXIE HWY. MIAMI, FL 33156	Mailing Address P.O. BOX 562500 MIAMI, FL 33256-2500
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DO NOT WRITE IN THIS SPACE



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0878433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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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)

U00000572395
07/27/06-80004-000 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURMAIAN, VARUJAN 14095 SOUTH DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURMAIAN, ALEXANDRE 14095 SOUTH DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, ALVARO 720 CORAL WAY 12B CORAL GABLES, FL 331344878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDONO, ROBERT M 13701 OLD CUTLER ROAD MIAMI, FL 331581336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, DONALD L 1994 PALO ALTO AVENUE VILLAGES OF LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULO, ROCHA 104 CRANDON BOULEVARD, APT. 412 KEY BISCAIYNE, FL 33149

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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:  CFO

Date: 7/19/06 Daytime Phone #: 305 256 0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR