


FILED
Mar 21, 2008 8:00 am
Secretary of State

01-30-2008 90029 029 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000030147					
1. Entity Name BBU BANK					
Principal Place of Business 150 ALHAMBRA CIRCLE CORAL GABLES, FL			Mailing Address 150 ALHAMBRA CIRCLE CORAL GABLES, FL		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2768792	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name <i>Registered Agent Corporate Service Inc.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>800 Douglas Road, Suite 500</i>		
			City <i>Coral Gables</i>		
			State FL		
			Zip Code <i>33134</i>		
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 remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D ESCOTET, JUAN CARLOS 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUJAN, LUIS XAVIER 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBAU, RAUL 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGANETA, AUGUSTO 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sigarreta, Augusto 150 Alhambra Circle Suite 100 Coral Gables FL 33134</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTIN, MARTHA 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES-FAULI, RAUL J 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <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 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 employed.					
SIGNATURE: <i>M. Enot</i> _____ DATE: <i>1-15-08</i> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____					

66004641



01142008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2768792 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: *Registered Agent Corporate Service Inc.*
 Street Address (P.O. Box Number is Not Acceptable): *800 Douglas Road, Suite 500*
 City: *Coral Gables*
 State: **FL**
 Zip Code: *33134*

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOTET, JUAN CARLOS 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUJAN, LUIS XAVIER 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBAU, RAUL 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGANETA, AUGUSTO 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTIN, MARTHA 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES-FAULI, RAUL J 150 ALHAMBRA CIR., 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sigarreta, Augusto 150 Alhambra Circle Suite 100 Coral Gables FL 33134</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 employed.

SIGNATURE: *M. Enot* _____ DATE: *1-15-08* _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____

ATTACHMENT

60004641

P05000030147

**BBU BANK
2008 FOR PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # P05000030147**

<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY-STATE</u>	<u>ZIP CODE</u>	<u>TITLE</u>	<u>ADDITION</u>
Santiago Morales	150 Alhambra Circle Suite # 100	Coral Gables, FL	33134	D	
Frederick C. Brenner	150 Alhambra Circle Suite # 100	Coral Gables, FL	33134	D	
Athan Castiglia	150 Alhambra Circle Suite # 100	Coral Gables, FL	33134	P/D	
Maria M. Escotet	150 Alhambra Circle Suite # 100	Coral Gables, FL	33134	V/T/S	
Alina Garcia	150 Alhambra Circle Suite # 100	Coral Gables, FL	33134	V	
Leticia Pino	150 Alhambra Circle Suite # 100	Coral Gables, FL	33134	V	X
Alina Palacio	150 Alhambra Circle Suite # 100	Coral Gables, FL	33134	V	X