


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90118 011 ***150.00

DOCUMENT # 849653

1. Entity Name
ABN AMRO BANK N.V.



Principal Place of Business Mailing Address

FIRST UNION FINANCIAL CENTER **FIRST UNION FINANCIAL CENTER**
200 SOUTH BISCAYNE BLVD. 22ND FLOOR **200 SOUTH BISCAYNE BLVD. 22ND FLOOR**
MIAMI, FL 33131-5311 **MIAMI, FL 33131-5311**

20027240

2. Principal Place of Business 3. Mailing Address

WACHOVIA FINANCIAL CENTER **WACHOVIA FINANCIAL CENTER**
Suite, Apt. #, etc. Suite, Apt. #, etc.

200 South Biscayne Blvd 22 Floor **200 South Biscayne Blvd 22 Floor**

City & State City & State 03302005 Chg-P CR2E034 (10/03)

Miami, FL **Miami, FL** 4. FEI Number Applied For

33131 **USA** **33131** **USA** **13-5268975** Not Applicable

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



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

VILLEGAS, ROBERTO D COO Name

200 S. BISCAYNE BLVD. 22ND FLOOR Street Address (P.O. Box Number is Not Acceptable)

MIAMI, FL 33131 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: *David B. Gale Jr* *David B. Gale Jr* *4/4/05*

Signature, typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROENICK, R.W.J		NAME		
STREET ADDRESS	FOPPINGADREEF 22		STREET ADDRESS		
CITY-ST-ZIP	AMSTERDAM, ZU		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEE, DOLF		NAME		
STREET ADDRESS	FOPPINGADRPEF <i>22</i>		STREET ADDRESS	FOPPINGADREF 22	
CITY-ST-ZIP	AMSTERDAM, ZU		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUIPER, JOEST JOOST		NAME	Kuiper, JOOST	
STREET ADDRESS	FOPPINGADREEF 22		STREET ADDRESS		
CITY-ST-ZIP	AMSTERDAM, ZU		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SWAAN, T		NAME		
STREET ADDRESS	FOPPINGADREEF 22		STREET ADDRESS		
CITY-ST-ZIP	AMSTERDAM, ZU		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 Date Daytime Phone #