
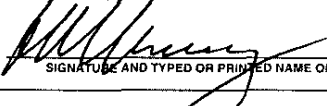


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90214 010 ***150.00

DOCUMENT # P97000061990					
1. Entity Name BANKUNITED FINANCIAL SERVICES, INCORPORATED					
Principal Place of Business 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134			Mailing Address 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent DIAZ, ROBERT 7815 NW 148 STREET HIALEAH, FL 33016				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 CAMNER, ALFRED R <input checked="" type="checkbox"/> Delete 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DOUG SAWYER 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP D <input type="checkbox"/> Delete LOPEZ, HUMBERTO L 255 ALHAMBRA CIRCLE CORAL GABLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL SIMON 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP D <input type="checkbox"/> Delete LAURASH, GARY 255 ALHAMBRA CIRCLE CORAL GABLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAMMIE HICKMAN 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete DAVIS, JANETTE 225 ALHAMBRA CIRCLE CORAL SPRINGS, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP S <input type="checkbox"/> Delete ATKINSON, JESSICA 255 ALHAMBRA CIRCLE CORAL SPRINGS, FL 33134		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"/> 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 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:  HUMBERTO LOPEZ 4/29/04 (305) 231-6400					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					