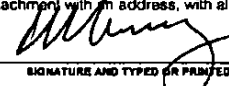


2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-13-2006 90088 043 ***150.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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	4. FEI Number 65-0778335	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 Argudin, Bernardo Street Address (P.O. Box Number is Not Acceptable) 7815 NW 148 St City Miami Lakes FL Zip Code 33016		
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  DATE 3/8/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAWYER, DOUG 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVD LOPEZ, HUMBERTO L 255 ALHAMBRA CIRCLE CORAL GABLES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD POWELL, THOMAS 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SIMON, MICHAEL 225 ALHAMBRA CIRCLE CORAL SPRINGS, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Riordan, Gregory 255 Alhambra Circle Coral Gables, FL 33134 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS ATKINSON, JESSICA 255 ALHAMBRA CIRCLE CORAL SPRINGS, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Coral Gables		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVT HICKMAN, SAMMIE 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered.					
SIGNATURE:  Humberto Lopez Date 3/9/06 (305) 569-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

3/17/06