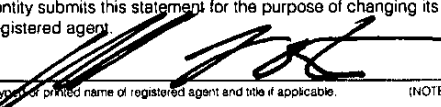
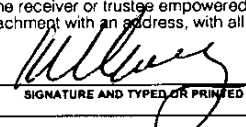


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90396 019 ***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 - No P.O. Box #			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				01182007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BERNARDO, ARGUDIN 7815 NW 148 STREET MIAMI LAKES, FL 33016				Name Robert L. Otero	
				Street Address (P.O. Box Number is Not Acceptable)	
				14817 Oak Lane	
				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  (NOTE: Registered Agent signature required when reinstating) DATE 4/27/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAWYER, DOUG		NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	SEVD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOPEZ, HUMBERTO L		NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	AV	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	RIORDAN, GREGORY		NAME	SVS Deutsch, Hunting	
STREET ADDRESS	225 ALHAMBRA CIRCLE		STREET ADDRESS	255 Alhambra Circle	
CITY-ST-ZIP	CORAL SPRINGS, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	SVS	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	ATKINSON, JESSICA		NAME	AV Pettijohn, Keena	
STREET ADDRESS	255 ALHAMBRA CIRCLE		STREET ADDRESS	255 Alhambra Circle	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	AVT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HICKMAN, SAMMIE		NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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 4/27/07 Daytime Phone # 305-231-6400		