2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061990

Entity Name: BANKUNITED FINANCIAL SERVICES, INCORPORATED

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134					
Current Mailing Address:			New Mailing Address:		
550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134					
FEI Number:	65-0778335	FEI Number Applied For () FEI Num	nber Not Appli	licable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
OTERO, ROBERT 14817 OAK LANE MIAMI LAKES, FL 33016 US			GRACIA, LIONEL 14817 OAK LANE MIAMI LAKES, FL 33016 US		
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.					
SIGNATURE: LIONEL GRACIA				03/24/2009	
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip: Title:	SAWYER, DOUG 255 ALHAMBRA (CORAL GABLES	CIRCLE	Title: Name: Address: City-St-Zip: Title:	P (X) Change () Addition DEUTSCH, HUNTING F 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 DCFO (X) Change () Addition	
Name: Address: City-St-Zip:	LOPEZ, HUMBER 255 ALHAMBRA (CORAL GABLES	CIRCLE	Name: Address: City-St-Zip:	LOPEZ, HUMBERTO L 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
Title: Name: Address: City-St-Zip:	VS () E DEUTSCH, HUNT 225 ALHAMBRA (CORAL SPRINGS	CIRCLE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SAWYER, DOUGLAS 7815 NW 148 ST MIAMI LAKES, FL 33016	
Title: Name: Address: City-St-Zip:	AV () E PETTIJOHN, KEE 255 ALHAMBRA (CORAL GABLES	CIRCLE	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition PETTIJOHN, KEENA 5300 ATLANTIC AVE SUITE 600 DELRAY BEACH, FL 33445	
Title: Name: Address: City-St-Zip:	AVT () E HICKMAN, SAMM 255 ALHAMBRA CORAL GABLES	CIRCLE	Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition COUGHLIN, JOHN 5300 ATLANTIC AVE SUITE 600 DELRAY BEACH, FL 33445	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition VOGT-LOWELL, VIVIAN 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUNTING F. DEUTSCH P 03/24/2009