

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 10, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 762172**  
1. Entity Name  
**BAC FUNDING CORPORATION**



Principal Place of Business  
**6600 NW 27 AVE  
MIAMI, FL 33147 US**

Mailing Address  
**6600 NW 27 AVE  
MIAMI, FL 33147 US**



05022006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2196535** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MILLER, EDWIN L.  
6600 NW 27 AVE,  
MIAMI, FL 33147**

**DO NOT WRITE  
IN THIS SPACE**

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 *Edwin L. Miller, President* DATE *05/09/2006*

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

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FRAZIER, RONALD E
STREET ADDRESS	1320 NW 88TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	MILLER, EDWIN L.
STREET ADDRESS	6600 N.W. 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	HARVEY, RODERICK
STREET ADDRESS	3107 W HALLANDALE BEACH BLVD #112
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	BERNARD, BASIL
STREET ADDRESS	386 NE 191 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	BERHANE, BENNETT
STREET ADDRESS	9250 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	SD
NAME	LATIMER, OTTO
STREET ADDRESS	17121 NE 6TH AVE
CITY-ST-ZIP	MIAMI, FL 33162

100000565343  
05/20/06-80128-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: *Edwin L. Miller* DATE *05/09/2006* (305) 228-3530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #