


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90115 039 ***150.00

DOCUMENT # P01000042016			
1. Entity Name BAMIL CORPORATION			
Principal Place of Business 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business <i>104 Crandon Blvd.</i>		3. Mailing Address <i>104 Crandon Blvd.</i>	
Suite, Apt. #, etc. <i>302</i>		Suite, Apt. #, etc. <i>302</i>	
City & State <i>Key Biscayne</i>		City & State <i>Key Biscayne</i>	
Zip <i>33149</i>	Country <i>USA</i>	Zip <i>33149</i>	Country <i>USA</i>
4. FEI Number 65-1101233		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <i>ANIBAL ROD</i> Street Address (P.O. Box Number is Not Acceptable) <i>104 CRANDON BLVD 302</i> City <i>Key Biscayne</i> FL Zip Code <i>33149</i>	
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: <i>[Signature]</i>		DATE: <i>04/27/05</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 VILLAMIL, ANIBAL R 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, 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
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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 empowers.			
SIGNATURE: <i>[Signature]</i>		DATE: <i>04/27/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	