2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000076271

1. Entity Name
BAC GLOBAL ADVISORS, INC.

Principal Place of Business	Mailing Address
2333 PONCE DE LEON BLVD STE 700 CORAL GABLES, FL 33134	2333 PONCE DE LEON BLVD STE 700 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3655905
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RENALDY J. GUTIERREZ, P.A.
601 BRICKELL KEY DRIVE STE 201
MIAMI, FL 33131-2651

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

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

TITLE	DP
NAME	CORREA, MARCELLO
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 700A
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DS
NAME	LEON, JOSE L
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 700A
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	CD
NAME	PELLAS, ALFREDO F
STREET ADDRESS	2333 PONCE DE LEON BLVD, STE 700A
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVC
NAME	ROBLETO, FRANK D
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 700A
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	DAVIS, TIMOTHY W
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 700A
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	BUSTILLO, OSCAR
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 700A
CITY-ST-ZIP	CORAL GABLES, FL 33134

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04/09/07-80033-011 158.75

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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: _____ 3/29/07 305-523-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARCELLO CORREA