

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076271

FILED
Apr 07, 2009
Secretary of State

Entity Name: BAC GLOBAL ADVISORS, INC.

Current Principal Place of Business:

2333 PONCE DE LEON BLVD STE 700
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2333 PONCE DE LEON BLVD STE 700
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 11-3655905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, RUBEN
BAC FLORIDA BANK
169 MIRACLE MILE, R-10
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CORREA, MARCELLO
Address: 2333 PONCE DE LEON BLVD STE 700A
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: LEON, JOSE L
Address: 2333 PONCE DE LEON BLVD STE 700A
City-St-Zip: CORAL GABLES, FL 33134

Title: CD () Delete
Name: PELLAS, ALFREDO F
Address: 2333 PONCE DE LEON BLVD, STE 700A
City-St-Zip: CORAL GABLES, FL 33134

Title: DVC () Delete
Name: ROBLETO, FRANK D
Address: 2333 PONCE DE LEON BLVD STE 700A
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: DAVIS, TIMOTHY W
Address: 2333 PONCE DE LEON BLVD STE 700A
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BUSTILLO, OSCAR
Address: 2333 PONCE DE LEON BLVD STE 700A
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE LUIS LEON

DS

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date