## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000098314

Entity Name: BAC FLORIDA HOLDING COMPANY

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
169 MIRACLE MILE, R-10 CORAL GABLES, FL 33134					
Current Mailing Address:			New Mailing Address:		
169 MIRACLE MILE, R-10 CORAL GABLES, FL 33134					
FEI Number:	20-0909754	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DEBESA, YVONNE 2351 DOUGLAS RD. #1201 MIAMI, FL 33145 US			JOSE LUIS LEON 2333 PONCE DE LEON BLVD SUITE 700 MIAMI, FL 33145 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: JOSE LUIS LEON 04/22/2009					
	Electronic	Signature of Registered Agent	t		Date
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E ROBLETO, FRAN 17135 SW 81ST MIAMI, FL 33157	СТ		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	CD ()E PELLAS, CARLO 169 MIRACLE MI MIAMI, FL 33146	LE, R-10		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD () E PETREY, RODER 508 CASTINIA AV CORAL GABLES	/E.		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () C CUTHBERTSON, 635 ALLENDALE KEY BISCAYNE,	RD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DAVIS, TIMOTHY	BLVD APT B-502		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ()ETAMAYO, FERNATO40 SW 79CT. MIAMI, FL 33143			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

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: FRANK D. ROBLETO PD 04/22/2009