


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J42165	
1. Entity Name BAC FLORIDA INVESTMENTS CORP.	

Principal Place of Business 2333 PONCE DE LEON BLVD. SUITE 700 MIAMI, FL 33134 US	Mailing Address 2333 PONCE DE LEON BLVD. SUITE 700 MIAMI, FL 33134 US
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DO NOT WRITE IN THIS SPACE

04152004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-2741928	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000131551 04/27/04 80014 013 150.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEON, JOSE L 2333 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC NOONAN, THOMAS 2333 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PELLAS, ALFREDO J 2333 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, RENALDY 2333 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAMIZAR, CARLOS 2333 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORREA, MARCELLO 2333 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Jose Luis Leon **4-23-04 (305) 263-6520**

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