## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 03, 2006 08:00 AM **DOCUMENT #674349 Secretary of State** 1. Entity Name BIPAM, INC. Principal Place of Business Mailing Address 750 S. KROME AVENUE 750 S. KROME AVENUE FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034 CR2E034 (11/05) 01202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2179434 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE SCHLEHUBER, SAMUEL M. 35250 S.W. 177TH COURT, #69 FLORIDA CITY, FL 33034 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 717) F MAME SCHLEHUBER, SAMUEL 2605 MUIRFIELD TERRACE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33035 U00000417460 02/13/06-30058-004 158.75 TALE NAME STREET ADDRESS CITY-ST-782 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-7/P