2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J31325

1. Entity Name
BAMA HOLDING CORP.

Principal Place of Business	Mailing Address
2937 SW 27 AVENUE STE 202 MIAMI, FL 33133-0703	2937 SW 27 AVENUE STE 202 MIAMI, FL 33133-0703

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0118752	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, MELVIN S.
2937 SW 27 AVENUE
STE 202
MIAMI, FL 33133

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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 _____

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, 2005 Fee will be $550.00

9. Election Campaign Financing ☐
Trust Fund Contribution.

$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLACK, MELVIN S.
STREET ADDRESS	2937 SW 27 AVE #202
CITY-ST-ZIP	MIAMI, FL

TITLE	SD
NAME	ALTER, BRUCE A.
STREET ADDRESS	2937 S W 27TH AVENUE #202
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	VD
NAME	ARROYAVE, OSCAR *ARROYAVE*
STREET ADDRESS	2937 SW 27 AVE #202
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	TD
NAME	BAKER, JEANNE
STREET ADDRESS	2937 S W 27TH AVENUE #202
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4/1/05   305 443-1600

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