2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90062 045 ***150.00

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

400034400

03292007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name BRUCE A. ALTER
Street Address (P.O. Box Number - Not Acceptable)
ALTER, BRUCE A..
2937 S W 27TH AVENUE #202
MIAMI, FL 33133
City FL Zip Code

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 filing) DATE 4/3/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☑ Change ☐ Addition
NAME	BLACK, MELVIN S.	NAME	ALTER, BRUCE A..
STREET ADDRESS	2937 SW 27 AVE #202	STREET ADDRESS	2937 S W 27TH AVENUE #202
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	MIAMI, FL 33133
TITLE	SD ☐ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	ALTER, BRUCE A..	NAME	ARROYAVE, OSCAR
STREET ADDRESS	2937 S W 27TH AVENUE #202	STREET ADDRESS	2937 SW 27 AVE #202
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD ☐ Delete	TITLE	VD ☑ Change ☐ Addition
NAME	ARROYAVE, OSCAR	NAME	BLACK, MELVIN S.
STREET ADDRESS	2937 SW 27 AVE #202	STREET ADDRESS	2937 SW 27 AVE #202
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	MIAMI, FL
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAKER, JEANNE	NAME	
STREET ADDRESS	2937 S W 27TH AVENUE #202	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-3-07 — Daytime Phone # 305 443 1600