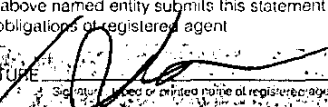
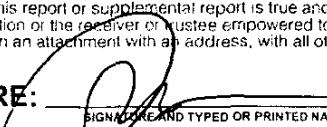


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 2937 SW 27 AVENUE STE 202 MIAMI, FL 33133-0703			Mailing Address 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	4. FEI Number 65-0118752	
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  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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, MELVIN S. 2937 SW 27 AVE #202 MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTER, BRUCE A. 2937 S W 27TH AVENUE #202 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTER, BRUCE A. 2937 S W 27TH AVENUE #202 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARROYAVE, OSCAR 2937 SW 27 AVE #202 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARROYAVE, OSCAR 2937 SW 27 AVE #202 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACK, MELVIN S. 2937 SW 27 AVE #202 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, JEANNE 2937 S W 27TH AVENUE #202 MIAMI, FL 33133		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		Change Addition		
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: 			4-3-07 305 443 1600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					