


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M18811 1. Entity Name BHAMANI, FORD & ASSOCIATES, INC.	
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Principal Place of Business 4900 SW 74 CT MIAMI, FL 33155	Mailing Address 4900 SW 74 CT MIAMI, FL 33155
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2577938	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 BHAMANI, FERROZ ALI 4900 SW 74 COURT MIAMI, FL 33155

**DO NOT WRITE
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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000314463 04/18/05-80167-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BHAMANI, FERROZ ALI 14841 SW 42 TERR MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FORD, THOMAS H. 7421 S.W. 138TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAXWELL, THOMAS H 121 NW 39 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T BHAMANI, FERROZ A 4900 SW 74 COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/April/05 305-663-1964
Date Daytime Phone #