

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M18811

1. Entity Name  
BHAMANI, FORD & ASSOCIATES, INC.



Principal Place of Business

4900 SW 74 CT  
MIAMI, FL 33155

Mailing Address

4900 SW 74 CT  
MIAMI, FL 33155



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2577938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BHAMANI, FEROZ 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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BHAMANI, FEROZ ALI
STREET ADDRESS	14841 SW 42 TERR
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	S
NAME	FORD, THOMAS H.
STREET ADDRESS	7421 S.W. 138TH COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MAXWELL, THOMAS H
STREET ADDRESS	121 NW 39 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	P/T
NAME	BHAMANI, FEROZ A
STREET ADDRESS	4900 SW 74 COURT
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000738367  
01/30/08-80025-022 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

22 JAN 2008 (305)663-1964

Date

Daytime Phone #