
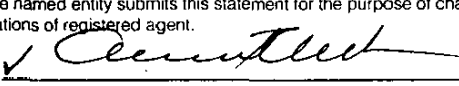
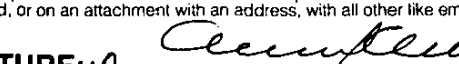


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 014 ***158.75

DOCUMENT # M43072 1. Entity Name BMC DEVELOPMENT AT WOODS WALK, INC.					
Principal Place of Business 150 SE 2ND AVE. SUITE #914 MIAMI, FL 33131 US			Mailing Address P.O. BOX 145388 CORAL GABLES, FL 33114 US		
2. Principal Place of Business - No P.O. Box # 150 SE 2ND AVENUE			3. Mailing Address SUITE #900		
Suite, Apt. #, etc. SUITE #900			Suite, Apt. #, etc. SUITE #900		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33131		Country U.S.		4. FEI Number 65-0005220	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VALLE, ALBERTO 150 SE 2ND AVE. SUITE #914 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVE., SUITE #900 City MIAMI State FL Zip Code 33131		
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 3-4-07 <small>Signature, typed or printed name of registered agent and trust applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MARTINEZ, BASILIO 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2ND AVENUE, SUITE #900 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST VALLE, ALBERTO 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2ND AVENUE, SUITE #900 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILERA, GUIDO A 815 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 3-4-07 Daytime Phone # 305-372-0089		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					