2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48031

FILED Jan 13, 2005 Secretary of State

Entity Name: BAME DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC.

	Principal Place of Business:	New Principal Place of Business:
245 NW 8 MIAMI, FL		
Current N	Mailing Address:	New Mailing Address:
245 NW 8 MIAMI, FL		
FEI Numbe	r: 65-0364030 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
GADDIS, 245 NW 8 MIAMI, FL		
	e named entity submits this statement fo te of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATU	JRE:	
	Electronic Signature of Register	ed Agent Date
OFFICER	RS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address:	D () Delete KOONCE, GEORGE DR 14651 SW 94TH AVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	D () Delete KOONCE, GEORGE DR 14651 SW 94TH AVE MIAMI, FL 33176 D () Delete YOUNG, ANDREA 2225 NW 177TH TERRACE	Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delete KOONCE, GEORGE DR 14651 SW 94TH AVE MIAMI, FL 33176 D () Delete YOUNG, ANDREA 2225 NW 177TH TERRACE MIAMI, FL 33056 D () Delete BROWN, ALFREDA 1840 NW 81ST ST	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MAUZY P 01/13/2005