2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48031

FILED Aug 12, 2008 Secretary of State

Entity Name: BAME DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 245 NW 8TH ST MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** 245 NW 8TH ST P.O. BOX 12313 MIAMI, FL 33136 MIAMI, FL 33101 FEI Number: 65-0364030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOMFIELD, MILTON CHAIRMA SULLIVAN, SAMUEL E CHAIRMA 245 NW 8TH ST 245 NW 8TH ST US MIAMI, FL 33136 US MIAMI, FL 33136 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. SIGNATURE: SAMUEL E. SULLIVAN, I 08/12/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GOLDSBY DEAN DR Name: Name: Address: 14651 SW 94TH AVE Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: () Change () Addition Name: YOUNG, ANDREA Name: Address: 2225 NW 177TH TERRACE Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, ALFREDA Name: Name: 1840 NW 81ST ST Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: () Delete Title: Title: (X) Change () Addition BROOMFIELD, MILTON REV Name: Name: SULLIVAN, SAMUEL E REV 245 NW 8TH STREET 245 NW 8TH STREET Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI, FL 33136 Title: **PRES** () Delete Title: (X) Change () Addition PATTERSON, DON D PRES NIXON, YOLANDA SEC Name: Name: 245 NW. 8TH STREET 245 NW. 8TH STREET Address: Address: City-St-Zip: MIAMI, FL 33136 US City-St-Zip: MIAMI, FL 33136 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAMUEL E. SULLIVAN, I CHA 08/12/2008