


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90115 039 \*\*\*150.00

<b>DOCUMENT # P01000042016</b>	
1. Entity Name <b>BAMIL CORPORATION</b>	

Principal Place of Business <b>901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134</b>	Mailing Address <b>901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134</b>
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2. Principal Place of Business <b>104 Crandon Blvd.</b>	3. Mailing Address <b>104 Crandon Blvd.</b>
Suite, Apt. #, etc. <b>302</b>	Suite, Apt. #, etc. <b>302</b>

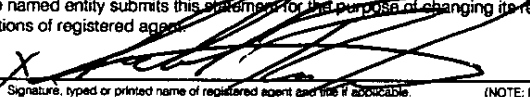
City & State <b>Key Biscayne</b>	City & State <b>Key Biscayne</b>
Zip <b>33149</b>	Country <b>USA</b>



04272005 Chg-P CR2E034 (10/03)

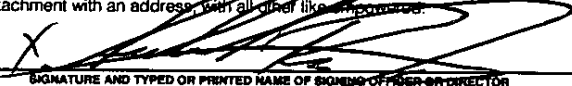
6. Name and Address of Current Registered Agent <b>ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134</b>	
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4. FEI Number <b>65-1101233</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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: <b>04/27/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VILLAMIL, ANIBAL R 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134</b>	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	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 empowers.	
SIGNATURE: 	DATE: <b>04/27/05</b>