


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000068214			
1. Entity Name BMC MOTEL CORPORATION			
Principal Place of Business 4445 SW 8TH STREET MIAMI FL 33134		Mailing Address 4445 SW 8TH STREET MIAMI FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 65-1119961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABIN, RAMON 4445 SW 8TH STREET MIAMI FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when reinstating)

NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE
ABIN, RAMON	4445 SW 8TH STREET	MIAMI FL 33134					
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 01/31/07-80017-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 who are empowered.

SIGNATURE: *Ramon Abin* RAMON ABIN 1/29/07 305-448-3735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #