

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098314

FILED
Feb 17, 2010
Secretary of State

Entity Name: BAC FLORIDA HOLDING COMPANY

Current Principal Place of Business:

169 MIRACLE MILE, R-10
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

169 MIRACLE MILE, R-10
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0909754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSE LUIS LEON
2333 PONCE DE LEON BLVD
SUITE 700
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ROBLETO, FRANK D
Address: 17135 SW 81ST CT
City-St-Zip: MIAMI, FL 33157

Title: CD
Name: PELLAS, CARLOS F
Address: 169 MIRACLE MLE, R-10
City-St-Zip: MIAMI, FL 33146

Title: SD
Name: PETREY, RODERICK N
Address: 508 CASTINIA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: CUTHBERTSON, R. BRUCE
Address: 635 ALLENDALE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D
Name: DAVIS, TIMOTHY W
Address: 1111 CRANDON BLVD APT B-502
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D
Name: TAMAYO, FERNANDO A
Address: 7040 SW 79CT.
City-St-Zip: MIAMI, FL 33143

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINA CAMPOS

CFO

02/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date