## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2005 8:00 am **DOCUMENT # P03000117173** Secretary of State 1. Entity Name BAHAMON ENTERPRISES, CORP. 05-04-2005 90181 039 \*\*\*150.00 Principal Place of Business Mailing Address 17019 SW 54TH CT 17019 SW 54TH CT MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business 3. Mailing Address 9010 sw 137th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) <u>Suite 113</u> Applied For City & State City & State 4. FEI Number 02-0709823 Miami, Fl Not Applicable Zip Country Ζip \$8.75 Additional 5. Certificate of Status Desired 33186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAHAMON, MARIA C Street Address (P.O. Box Number is Not Acceptable) 17019 SW 54TH CT MIRAMAR, FL 33027 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. Signature, typed or printed name of redistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition MILE ☐ Change THLE ☐ Delete NAME BAHAMON, MARIA C NAME STREET ADDRESS 17019 SW 54TH CT STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 City-St-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TIYLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP GITY-ST-ZIP TITLE Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I heraby 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 empowered. BAHAMON MADIA 4128 SIGNATURE: Daytime Phone #

**FILED**