


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90027 037 \*\*\*150.00

<b>DOCUMENT # P04000032837</b> 1. Entity Name <b>BMA ENTERPRISES, INC.</b>	
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Principal Place of Business <b>14025 US HWY 441 NO OKEECHOBEE, FL 34972</b>	Mailing Address <b>3897 NW 22ND AVE OKEECHOBEE, FL 34972</b>
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04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0802548</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPICER & TITRERA PA~~ **Lois Gray**  
~~104 SW 32ND ST~~ **104 SW 32nd Avenue**  
~~4TH FLOOR~~  
~~MIAMI, FL 33145~~ **Okeechobee FL 34974**

**DO NOT WRITE  
IN THIS SPACE**

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 *Lois Gray* **04-30-2007**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ISLAM, AMINUL <del>6000 ESTATE RD TO EAST</del> <b>14025 US Hwy 441 No</b> OKEECHOBEE, FL 34972
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *[Signature]* **04-30-2007 863-357-3232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #