

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056570

Entity Name: BWM MANAGEMENT, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 20-1019721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTORNEY SOLUTIONS LLC
4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

W. J. STANTON P.A.
4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146 US

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: WALTER J. STANTON III, PRESIDENT

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: STANTON III, WALTER J
Address: 4000 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: STANTON III, WALTER J
Address: 4000 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER J. STANTON III

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date