2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094617

Entity Name: BAM TRANSCRIBING CORP.

FILED Mar 11, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

632 E 31 STREET HIALEAH, FL 33013

Current Mailing Address: New Mailing Address:

632 E 31 STREET 632 E 31 STREET

HIALEAH, FL 33013 HIALEAH, FL 33013 US

FEI Number: 26-3580400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARROYO, BARBARA 632 E 31 STREET HIALEAH, FL 33013 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:

Electronic Signature of Registered Agent Date

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Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 () Delete
 Title:
 V
 (X) Change () Addition

 Name:
 MACHADO, AMED
 Name:
 MACHADO, AMED

 Address:
 632 E 31 STREET
 Address:
 632 E 31 STREET

Address: 632 E 31 STREET Address: 632 E 31 STREET
City-St-Zip: HIALEAH, FL 33013 City-St-Zip: HIALEAH, FL 33013

Title: S () Delete Title: S (X) Change () Addition Name: MARTINEZ. RAFAEL Name: MARTINEZ. RAFAEL

 Name:
 MARTINEZ, RAFAEL
 Name:
 MARTINEZ, RAFAEL

 Address:
 632 E 31 STREET
 Address:
 632 E 31 STREET

 City-St-Zip:
 HIALEAH, FL 33013
 City-St-Zip:
 HIALEAH, FL 33013 US

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ARROYO, BARBARA
 Name:
 ARROYO, BARBARA

 Address:
 632 E 31 STREET
 Address:
 632 E 31 STREET

 City-St-Zip:
 HIALEAH, FL 33013
 City-St-Zip:
 HIALEAH, FL 33013 US

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: BARBARA ARROYO P 03/11/2009