



2007 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000069750 1. Entity Name B.A.M. REALTY CORP.					
Principal Place of Business C/O BERRY GURLAND 100 NE 3RD AVE SUITE 300 FORT LAUDERDALE, FL 33301-1164			Mailing Address C/O BERRY GURLAND 100 NE 3RD AVE SUITE 300 FORT LAUDERDALE, FL 33301-1164		
2. Principal Place of Business - No P.O. Box # c/o Barry Gurland Suite, Apt #, etc. 100 NE 3rd Ave, #300 City & State Ft. Lauderdale, FL Zip 33301		3. Mailing Address c/o Barry Gurland Suite, Apt #, etc. 100 NE 3rd Ave #300 City & State Ft. Lauderdale, FL Zip 33301			
Country USA		Country USA		02082007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0700493				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GURLAND, BARRY T. 100 NE 3RD AVE SUITE 300 FORT LAUDERDALE, FL 33301-1164	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				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 <u><i>Barry Gurland</i></u> DATE <u><i>2/8/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, TARO 60 EAST 8TH STREET, #23D NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000633564 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/21/07-80067-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GURLAND, BARRY T. 100 NE 3RD AVE SUITE 300 FORT LAUDERDALE, FL 333011164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Barry T. Gurland</i></u> Barry T. Gurland <u><i>2/8/07</i></u> <u><i>954-729-8613</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					