2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029767

FILED Apr 15, 2008 Secretary of State

Entity Na	me: BAP DE	VELOPMENT, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
2601 S BA SUITE 100 MIAMI, FL		VE			
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
2601 S BA SUITE 100 MIAMI, FL		VE			
FEI Number	: 65-0916495	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	f New Registered Agent:	
11380 PR		DNS NETWORK INC. RMS ROAD #221E IS, FL 33410 US	QUESADA, PABLO S 2333 PONCE DE LEOI CORAL GABLES, FL		
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: PABLO S QUESADA				04/15/2008	
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BERMELLO, V	HORE DRIVE, STE 1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AJAMIL, LUIS) Delete HORE DRIVE, STE 1000 133	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	GARCIA, ADE	HORE DRIVE, STE 1000	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CONDE, PRIM	HORE DRIVE, STE 1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TROY, MARK) Delete	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: WILLY A BERMELLO D 04/15/2008

City-St-Zip: MIAMI, FL 33133