

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029767

FILED
Apr 30, 2009
Secretary of State

Entity Name: BAP DEVELOPMENT, INC.

Current Principal Place of Business:

2601 S BAYSHORE DRIVE
SUITE 1000
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 S BAYSHORE DRIVE
SUITE 1000
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0916495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUESADA, PABLO S
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERMELLO, WILLY A
Address: 2601 S BAYSHORE DRIVE, STE 1000
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: AJAMIL, LUIS
Address: 2601 S BAYSHORE DRIVE, STE 1000
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: GARCIA, ADELAIDA
Address: 2601 S BAYSHORE DRIVE, STE 1000
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: CONDE, PRIMITIVO
Address: 2601 S BAYSHORE DRIVE, STE 1000
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: TROY, MARK
Address: 2601 S BAYSHORE DRIVE, STE 1000
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CONDE, PRIMITIVO
Address: 2601 S BAYSHORE DRIVE, STE 1000
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLY A. BERMELLO

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date