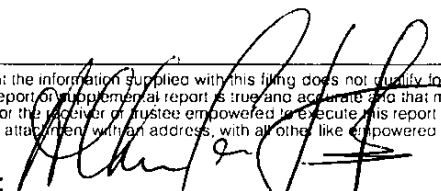


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90061 042 ***150.00

DOCUMENT # 492890 1. Entity Name BAY RAG & GRADING, INC.					
Principal Place of Business 6250 NW 35TH AVENUE MIAMI, FL 33147-7502			Mailing Address 6250 NW 35TH AVENUE MIAMI, FL 33147-7502		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1664086	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COURSHON, CHARLES J. 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: LAMONT, NEIMAN, P.A. Street Address (P.O. Box Number is Not Acceptable): One Biscayne Tower Suite 3550 Two Biscayne Blvd. City: Miami FL Zip Code: 33131	
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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD SALSTEIN, ABRAHAM 8920 SW 117TH ST MIAMI, FL 33176	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALSTEIN, HOWARD 13821 S.W. 108 AVE MIAMI, FL 33176	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALSTEIN, JOSHUA 7800 S.W. 132ND ST MIAMI, FL 33156	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  ABRAHAM Salstein 01-07-08 (305) 693-6868 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40001300



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1664086 Applies For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

COURSHON, CHARLES J.
1428 BRICKELL AVENUE
SUITE 206
MIAMI, FL 33131

Name LAMONT, NEIMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower Suite 3550
Two Biscayne Blvd.
City Miami FL Zip Code 33131

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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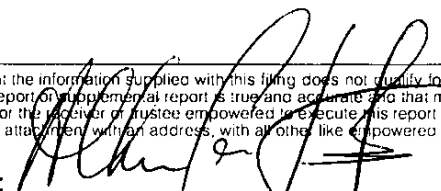
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:  **ABRAHAM Salstein** 01-07-08 (305) 693-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #