


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90023 007 ***158.75

DOCUMENT # P93000026861

1. Entity Name
MIAMI BEARING SERVICE, INC.



Principal Place of Business
**3701 NW 32ND AVE.
 MIAMI, FL 33142**

Mailing Address
**PO BOX 420396
 MIAMI, FL 33242-0396**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

8 F 5 / , , , , . 2 4 2 - F &
 02032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0441677

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DE LA CRUZ, LUIS F JR
 241 SEVILLA AVE-- --
 SUITE 805
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
 Name
Luis F. De la Cruz, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
Two Alhambra Plaza Penthouse 2-C
 City
Coral Gables, FL Zip Code
33134

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 Luis F. De la Cruz, Jr. DATE 2/10/05.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PVP MARCHETTI, BRUCE 10902 BLUE PALM ST. PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 2.10.05 TELEPHONE: 705-577-8424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #