

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026861

Entity Name: MIAMI BEARING SERVICE, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

3701 NW 32ND AVE.
MIAMI, FL 33142

New Principal Place of Business:

3164 NORTH MIAMI AVENUE
MIAMI, FL 33127

Current Mailing Address:

PO BOX 420396
MIAMI, FL 332420396

New Mailing Address:

PO BOX 370690
MIAMI, FL 33137

FEI Number: 65-0441677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F JR
TWO ALHAMBRA PLAZA PENTHOUSE 2-C
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: PVP () Delete
Name: MARCHETTI, BRUCE
Address: 10902 BLUE PALM ST.
City-St-Zip: PLANTATION, FL 33324

Title: ST () Delete
Name: MARCHETTI, PATTI
Address: 10902 BLUE PALM ST.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PATTI MARCHETTI

S/T

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date