

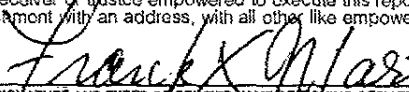


FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 180756 1. Entity Name BAILMAR, INC.		 Mar 05, 2007 08:00 A Secretary of State																									
Principal Place of Business ONE N.E. 19TH STREET SUITE 300 MIAMI FL 33132		Mailing Address ONE N.E. 19TH STREET SUITE 300 MIAMI FL 33132																									
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country																									
		 1st MOORE CR2E034 (10/06)																									
		4. FEI Number 59-0759799 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>																									
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MARTEL, FRANK X. ONE N.E. 19TH STREET SUITE 300 MIAMI FL 33132		7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL Zip Code</div></div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width: 70%;">P MARTEL, FRANK X ONE N.E. 19 ST., SUITE 300 MIAMI FL 33132-1030 <div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>ST MARTEL, FRANK X #1 N.E. 19TH STREET MIAMI FL 33132-1030 <div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>V BROWN, MARJORIE L. #1 NE 19 ST. MIAMI FL 33132-1030 <div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTEL, FRANK X ONE N.E. 19 ST., SUITE 300 MIAMI FL 33132-1030 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARTEL, FRANK X #1 N.E. 19TH STREET MIAMI FL 33132-1030 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, MARJORIE L. #1 NE 19 ST. MIAMI FL 33132-1030 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width: 70%;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div style="text-align: center; padding: 10px;">U00000654391 03/13/07-80060-013 150.00</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; padding: 10px;">U00000654391 03/13/07-80060-013 150.00</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. <div style="text-align: right; padding-right: 50px;">President</div>																											
SIGNATURE: 		FRANK X. MARTEL <div style="text-align: right;">2-28-07 305-576-0326</div>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									