## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # 235491 BAY MANOR, INC.				01-22-	-2007 90109 (	033 ***158.7	5	
Principal Plac	e of Business	Mailing Address	<u>l</u>		4000	14844			
3177 SOUTH OCEAN DR. HALLANDALE, FL 33009		3177 SOUTH OCEAN DR. HALLANDALE, FL 33009							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01	092007	Chg-P	CR2E034 (1	2/06)	
City & State		City & State		I .	FEI Number <b>59-0913</b> 8	815			plied For Applica
Zip	Country	Zip	Country		•	Status Desired		75 Addi Required	
	7. Name and Address of New Registered Agent								
MOTIS, SANDRA 3177 S OCEAN DR. APT. 322 HALLANDALE, FL 33009			Street Ad	FINACIICA HELLERA Street Address (P.O. Box Number is Not Acceptable) 3177 S. Ocean De #201					
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 accepted agent of registered agent.  SIGNATURE  Signature. Signature. Signature. Signature required when resistating.  Signature required when resistating.									
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0 	9. Election Campaign Trust Fund Contribu		\$5.00 N Added to					
10.	OFFICERS AND I		11.	AD	DITIONS/C	HANGES TO OFF	ICERS AND DIRE	ECTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	T HERRERA, ANGELICA 3177 S OCEAN DR APT 221 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOTIS, SANORA 317/ SOUTH OCEAN OR, APT 3 HALLANDALE, FL 33009	Delete 22				RAPHAE EN OR.	APT Z		Adid
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADAME, ADELINE / 3177 & OCEAN DR. APT/218 HALLANDALE, FL. 33009	<b>∑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLE, JIMM HALLA	Y Rol I. OCE NDAL	BERT F AND DR	APT. 3	Change 325	☐ Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZZO, MÁRY 317/ S OCEAN DR APT. 207 HALLANDALE, FL 33008	Delete	TITLÉ	D		NNA M SN DR.		Change 29	Addi
NAME STREET ADDRESS CITY-ST-ZIP	D THIBAULT, CECEIL 3177 S OCEAN DR. APT. 308 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAY PHILIP 3177 SOCEAN DR APT 227 HALLANDACE, FL 32009	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGIL BITT HALL	ERI S. OC.	SHARO EAN DR ILE, FL	2. APT. 1 33007	Change 103	☐ Addi

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

caelia Merrina

1/18/17

954 456-7361