2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366321

Entity Name: BAY CADILLAC, INC.

KRIEGER, STANLEY J

MIAMI, FL 33137

2060 BISCAYNE BLVD., 2ND FLOOR

Name:

Address:

City-St-Zip:

FILED Feb 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15933 N FLORIDA AVE 15933 N FLORIDA AVE P.O. BOX 280078 LUTZ, FL 33549 US LUTZ, FL 33549 **New Mailing Address: Current Mailing Address:** 2060 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137024 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRIEGER, STANLEY J 2060 BISCAYNE BLVD SECOND FLOOR MIAMI, FL 33137 US 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 (X). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEIBOWITZ, EDWARD, Name: Name: 2060 BISCAYNE BLVD., 2ND FLOOR Address: Address: City-St-Zip: MIAMI, FL 331375024 City-St-Zip: Title: Title: () Delete () Change () Addition LEIBOWITZ, BLOSSOM, Name: Name: 2060 BISCAYNE BLVD., SECOND FLOOR Address: Address: City-St-Zip: MIAMI, FL 331375024 City-St-Zip: Title: Title: VD. () Delete () Change () Addition BRAMAN, NORMAN Name: Name: 2060 BISCAYNE BOULEVARD, 2ND FLOOR Address: Address: City-St-Zip: MIAMI, FL 331375024 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STANLEY J. KRIEGER S 02/15/2007