## 2009 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 Apr 21, 2009 Secretary of State

y	BAT CABIELAC, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
15933 N F LUTZ, FL	LORIDA AVE 33549 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
2ND FLOO	CAYNE BLVD DR 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:		ent: Name and Address o	Name and Address of New Registered Agent:	
2060 BISC SECOND	, STANLEY J CAYNE BLVD FLOOR 33137 US			
	named entity submits this statement for e of Florida.	or the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Register	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete LEIBOWITZ, EDWARD 2060 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 331375024	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete LEIBOWITZ, BLOSSOM 2060 BISCAYNE BLVD., SECOND FLOOR MIAMI, FL 331375024	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete BRAMAN, NORMAN 2060 BISCAYNE BOULEVARD, 2ND FLOOF MIAMI, FL 331375024	Title: Name: R Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S () Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 KRIEGER S 04/21/2009