

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 550666

1. Entity Name
B.A.F., INC.



Principal Place of Business
3411 S. W. 49 WAY
DAVIE, FL 33314

Mailing Address
3411 S. W. 49 WAY
DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUCERITO, FRANK A.
3411 SW 49 WAY
DAVIE, FL 33314

03302005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-1777692 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUCERITO, ROBERT
STREET ADDRESS 3411 SW 49 WAY BLD. #1
CITY-ST-ZIP DAVIE, FL

TITLE VP
NAME RUCERITO, FRANK A
STREET ADDRESS 3411 SW 49 WAY BLD. #1
CITY-ST-ZIP DAVIE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

ROBERT RUCERITO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05 954-681-4970
Date
Davie Phone #