

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00**  
**Secretary of State**

**DOCUMENT # 703347**

1. Entity Name  
**BAY FOUR INC**



Principal Place of Business

**8000 EAST DRIVE  
318  
NORTH BAY VILLAGE, FL 33141 US**

Mailing Address

**8020 E DR  
100  
NORTH BAY VILLAGE, FL 33141**



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2258510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SANDS, ROBERT  
8020 EAST DR #215  
N BAY VILLAGE, FL 33141**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
GIUDICI, GERRY  
8010 G DR #208  
N. BAY VILLAGE, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
AHR, PAUL R  
8020 E DR #317  
N. BAY VILLAGE, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
HART, JOHN  
8000 EAST DR., #202  
N BAY VILLAGE, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
STASHAK, TONY  
8010 E DR 207  
MIAMI BEACH, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
PINGITORE, FRANK  
8010 E DR 312  
MIAMI BEACH, FL 33141**

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 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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GERRY GIUDICI**

**21/MAR/2007 305 586 6606**

Date

Daytime Phone #