

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90022 049 ***158.75

DOCUMENT # F02000004307																																																																																																																																																											
1. Entity Name BAYA CORPORATION																																																																																																																																																											
Principal Place of Business 2045 S TAMiami TRAIL VENICE, FL 34293			Mailing Address PO BOX 1844 VENICE, FL 34284																																																																																																																																																								
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City & State		City & State																																																																																																																																																									
Zip	Country	Zip	Country	4. FEI Number 02232004 Chg-P CR2E034 (10/03) 16-1622428																																																																																																																																																							
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent LUCHS, BARRY 3015 SEAWIND CIRCLE VENICE, FL 34293			7. Name and Address of New Registered Agent Name <u>LUCHS, BARRY</u> Street Address (P.O. Box Number is Not Acceptable) <u>437 Lake of the Woods Drive</u> City <u>Venice</u> FL Zip Code <u>34293</u>																																																																																																																																																								
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 <u>BARRY Luchs, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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:				Date <u>941-492-9080</u> Daytime Phone #																																																																																																																																																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											