


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

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| DOCUMENT # G58796 1. Entity Name SOD CITY CENTER BAY, INC. |  |
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| Principal Place of Business 9719 BRYANT RD. LITHIA, FL 33547 | Mailing Address 9719 BRYANT RD. LITHIA, FL 33547 |
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2340780 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PADRON, LAZARO 9719 BRYANT RD. LITHIA, FL 33547 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PADRON, LAZARO 9719 BRYANT RD. LITHIA, FL 33547 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S PADRON, ILDA 9719 BRYANT RD. LITHIA, FL 33547 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>U000000685122 04/17/07-80047-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 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: Lazaro Padron 4-3-07 813-654-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone