2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/7/2007-90045-027-$55.00-$55.00

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DOCUMENT # L02000008040

1. Entity Name

BAIRES STYLE LLC

Principal Place of Business
1671 MICHIGAN AVENUE
MIAMI BEACH FL 33139

Mailing Address
1671 MICHIGAN AVENUE
MIAMI BEACH FL 33139

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1439-B ALTON ROAD	1439-B ALTON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH / FL	City & State: MIAMI BEACH - FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 03-0437054 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINT, DIEGO HORACIO
1671 MICHIGAN AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: BAIRES STYLE LLC / DIEGO H. QUINT
Street Address (P.O. Box Number is Not Acceptable): 1439-B ALTON ROAD
City: MIAMI BEACH FL Zip Code: 33139

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 ______________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☑ Delete	TITLE	MGR ☑ Change ☐ Addition
NAME	QUINT, DIEGO	NAME	DIEGO H. QUINT
STREET ADDRESS	1671 MICHIGAN AVENUE	STREET ADDRESS	1439-B ALTON RD
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	MIAMI, FL, 33139
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______ DIEGO H. QUINT 6rd MANAGER · 09/04/07 (305) 815-2087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #