

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90002 045 ***550.00

DOCUMENT # P00000002874	
1. Entity Name BAUHAUS, INC.	

Principal Place of Business 2929 SW 16 TERR MIAMI, FL 33145	Mailing Address P.O. BOX 770457 MIAMI, FL 33177
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34058106

2. Principal Place of Business 12471 SW 130 ST	3. Mailing Address P.O. BOX 770457
Suite, Apt. #, etc. # 15	Suite, Apt. #, etc.

City & State MIAMI - FL	City & State MIAMI - FL
Zip 33186	Zip 33177
Country	Country

06192004 Chg-P CR2E034 (10/03)

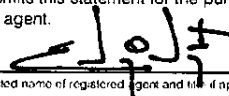
4. FEI Number 52-2209485	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NUNEZ, BENIGNO 2929 SW 16 TERR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
Name BENIGNO NUNEZ	
Street Address (P.O. Box Number is Not Acceptable) 15784 SW 145 Terrace	
City MIAMI	FL Zip Code 33196

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 **6/19/04**

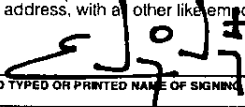
**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PD NUNEZ, BENIGNO 2929 SW 16 TERR MIAMI, FL 33145 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NUNEZ, ENRIQUE 2929 SW 16 TERR MIAMI, FL 33145 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NUNEZ, BARBARA 2929 SW 16 TERR MIAMI, FL 33145 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALEMAN, OSCAR 5267 NW 184TH LANE MIAMI, FL 33055 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 **6/19/04** 305-2554577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #