

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90027 047 ***150.00

DOCUMENT # P00000037355

1. Entity Name
BAILEY & TOURINAN SALES AND MARKETING CORP.



Principal Place of Business

8021 LAKE DRIVE
APT 104
MIAMI, FL 33166

Mailing Address

8021 LAKE DRIVE
APT 104
MIAMI, FL 33166

50034454

2. Principal Place of Business

8021 Lake Drive
Suite, Apt. #, etc.
APT 104

3. Mailing Address

11230 NW 74 Terrace
Suite, Apt. #, etc.



03312005 Chg-P CR2E034 (10/03)

City & State

Miami FL

City & State

Miami, FL

4. FEI Number
65-0999517

☐ Applied For
☐ Not Applicable

Zip

33166

Country

U.S.A.

Zip

33178

Country

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOURIMAN, EMILIA C
11230 NW 74 TERRACE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing:
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TOURINAN, EMILIA C
STREET ADDRESS 11230 NW 74 TERRACE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Emilia C. Tourinan
President 03/31/05

305-986-0470