2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

1. Entity Nam	MENT # P000000694 BEARING SERVICE, INC.						
Principal Place 12155 S.W. MIAMI, FL 3	114TH PLACE	Maiing Address 12155 S.W. 114TH PLACE MIAMI, FL 33176		# 2 6 #(1 00 # 1/1)	II IJI 220: 20:() kaiti 80:	ri filim Billa Iblir ris	1/ BJBBb 1115005 /1 (BJ)
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01162004 No Chg-P CR2E034 (10/03) 4. FEI Number			
CORAL SF	1ST STREET PRINGS, FL 33071		INT	NOT W HIS SP	ACE		
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 dispolicable. (NOTE Registered Agent signature required when remotaling) DATE							
After Ma	E NOW!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIF OD BLAIR, LOUIS C 12155 SW 114TH PLACE MIAMI, FL 33176	ECTORS			02/1898	0005150 14-80053	024 150,00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			green A - Lyon of Wangani	(1)	www.mananananananananananananananananananan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					distribution of the state	***************************************	
12. I hereby of indicated of the corchanged,	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empower, or on an attachment with an address, with	s filing does not qualify for the exe e and accurate and that my signa red to execute this report as requ all other like empowered.	mption stated in Se ture shall have the s ired by Chapter 607	oction 119.07(3)(i) same legal effect 7, Florida Statutes	, Florida Statutes. I as if made under o , and that my name	further certify the path; that I am an are appears in Blo	nat the information n officer or director ck, 10 or Block, 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR