


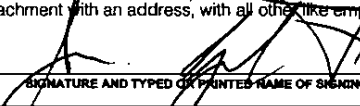


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90029 035 ***150.00

DOCUMENT # P01000066299 1. Entity Name BAIT, INC.					
Principal Place of Business 2770 SW 25TH STREET MIAMI, FL 33133			Mailing Address 2770 SW 25TH STREET MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box # 2151 Lejuene Rd.		3. Mailing Address 2151 Lejuene Rd.		<div style="font-size: 24px; font-weight: bold;">50001916</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 03212008 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc. Mezzanine		Suite, Apt. #, etc. Mezzanine			
City & State Coral Gables, FL.		City & State Coral Gables, FL.			
Zip 33134		Country USA			
4. FEI Number 65-1125351		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DITTRICH, SORAYA 2770 SW 25TH STREET MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Jaime Gamboa Street Address (P.O. Box Number is Not Acceptable) 2151 Lejuene Rd. Mezzanine City Coral Gables FL Zip Code 33134			
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:  Jaime Gamboa DATE: 3/21/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DITTRICH, SORAYA 2770 SW 25TH STREET MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jaime Gamboa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2151 Lejuene Rd. Mezzanine Coral Gables, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Jaime Gamboa DATE: 3/21/08 DAYTIME PHONE: 954-4785065 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					