


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000089800		
1. Entity Name MI BEBE, INC.		
Principal Place of Business 9805 EMERALD LINKS DRIVE TAMPA, FL 33626	Mailing Address 9805 EMERALD LINKS DRIVE TAMPA, FL 33626	



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3735909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**BALDOR, CARLOS
9805 EMERALD LINKS DR.
TAMPA, FL 33626**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000798414
01/30/08-80027-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BALDOR, LIANA 9805 EMERALD LINKS DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALDOR, CARLOS 9805 EMERALD LINKS DR. TAMPA, FL 33626
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS BALDOR

1/16/08
Date

813-886-3300
Daytime Phone #