FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90309 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036672

1. Entity Name
BAIRES PRODUCT, INC.

Principal Place of Business	Mailing Address
PO BOX 835103 MIAMI, FL 33283	PO BOX 835103 MIAMI, FL 33283

[redacted]

2. Principal Place of Business		3. Mailing Address	
4815 NW 79th AVENUE		4815 NW 79th AVE	
Suite, Apt. #, etc. SUITE # 2		Suite, Apt. #, etc. SUITE # 2	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country MIAMI-DADE	Zip 33166	Country MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0445-3314 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOVAR, ILEANA ARIAS ESQ 1725 MAIN STREET SUITE 205 WESTON, FL 33326	Name RODOLFO J. SUAREZ Street Address (P.O. Box Number is Not Acceptable) 10200 NW 25th St - #207 City MIAMI FL Zip Code 33172

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] Rodolfo J. Suarez 6/11/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MOIO, FERNANDO		NAME		
STREET ADDRESS	11021 SW 88 ST APT L-207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VSD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	LA TORRE, DARIO		NAME		
STREET ADDRESS	9591 FOINTANBLEAUD BLVD #606		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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] Fernando Moio 06-30-03 786-3250022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #