

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043881

1. Entity Name
BAYBROOK ESTATES OF FLORIDA, INC.



FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business
3530 MYSTIC POINTE DRIVE, APT. 3215
AVENTURA, FL 33180

Mailing Address
3530 MYSTIC POINTE DRIVE, APT. 3215
AVENTURA, FL 33180



07232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0601150 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE, 2ND FLOOR
CORAL GABLES, FL 33134

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 reinstating)

U00000956753
07/31/08-80003-010 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARADON CAPON, RUBEN JAIME
STREET ADDRESS	3530 MYSTIC POINTE DRIVE, APT. 3215
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	AXELROD, BARADON L
STREET ADDRESS	3530 MYSTIE PT. DR APT 3215
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	D
NAME	AXELROD, HANA BARADON
STREET ADDRESS	3530 MYSTIE PT. DR APT 3215
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben Baradon - RUBEN BARADON

7/23/08

Date

Overtime Phone #