

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043881

FILED
Apr 06, 2009
Secretary of State

Entity Name: BAYBROOK ESTATES OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3530 MYSTIC POINTE DRIVE
APT 3215
AVENTURA, FL 33180

Current Mailing Address:

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

New Mailing Address:

3530 MYSTIC POINTE DRIVE
APT 3215
AVENTURA, FL 33180

FEI Number: 02-0601150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARADON CAPON, RUBEN JAIME
Address: 3530 MYSTIC POINTE DRIVE, APT. 3215
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: AXELROD, BARADON L
Address: 3530 MYSTIE PT. DR APT 3215
City-St-Zip: MIAMI, FL 33180

Title: D () Delete
Name: AXELROD, HANA BARADON
Address: 3530 MYSTIE PT. DR APT 3215
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN BARADON

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date