## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTER

## Jan 27, 2005 8:00 am **Secretary of State DOCUMENT # P02000097239** 01-27-2005 90046 015 \*\*\*150 00 1. Entity Name BAYRES TRADE, INC. Principal Place of Business Mailing Address 40007436 5330 N.W. 114TH AVENUE 2801'NW 74TH AVE #202 **UNIT 105** MIAMI, FL 33122 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address 4000 Hollywood Blud 4000 Hollywood Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 01232005 CR2E034 (10/03) 135-5 135-5 City & State City & State 4. FEI Number Applied For Hollywood, FL 33021 FL Hollywood 36-4506414 Not Applicable Country Zip 33021 \$8.75 Additional 5. Certificate of Status Desired 33021 Ree Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GATTI, SEBASTIAN GATTI, SEBASTIAN Street Address (P.O. Box Number is Not Acceptable) 5330 NW 114TH AVE. UNIT 105 MIAMI, FL 33178 22 nd 54. 15066 S.W. Miramar 8. The above named entity submits this statement per 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. 01/25/05 Signature, typed or printed name of registered age and little if applicable. (NOTE: Registered Agent signature required when reinstating) - 9. Election Campaign Financing ~\$5.00 May Be FILE NOW!!! FEE IS \$150.00 i 🗆 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change SEBASTIAN GATTI NAME GATTI, SEBASTIAN NAME 4000 Hollywood Blvd - Suite 135-5 STREET ADDRESS 5330 N.W. 114TH AVE., UNIT 105 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 Hilamar, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE VANESA ? BERTONE NAME BERTONE, VANASA P 4000 Hollywood Blvd - Surte 135-5 STREET ADDRESS 5330 N.W. 114TH AVE., UNIT 105 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP Hollywood, FL 33021 TITLE Delete TiTLÉ ☐ Change — ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 proport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR

FILED

(486) 488 9948

Daytime Phone #