2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000097239 01-29-2007 90089 025 ***150.00 1. Entity Name BAYRES TRADE, INC. Principal Place of Business 60009002 Mailing Address 4000 HOLLYWOOD BLVD 4000 HOLLYWOOD BLVD 135-5 135-5 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 17820 SW 44h Ct 17820 SW 4th CT Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) Chg-P NA NA City & State City & State 4 FEI Number Applied For Pembroke Pines, FL Pembroke 36-4506414 Not Applicable Country USA Zip 33029 Country 05A \$8.75 Additional 5. Certificate of Status Desired 33529 Fee Required 7. Name and Address of New Registered Agent --- 5. Name and Address of Current Registered Agent GATTI SEBASTIAN GATTI, SEBASTIAN Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., STE 135-S HOLLYWOOD, FL 33021 17820 5W 4th CT City Rembroke Pines FL 8. The above named entity submits his 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. Signature, typed or printed name of registered agent 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PUPD TITLE PVPD Delete TITLE Change , Addition GATTI, SEBASTIAN GATTI, SEBASTIAN NAME NAME 17820 SW 4th Ct Pembroke Pines, FL 33029 STREET ADDRESS 4000 HOLLYWOOD BLVD STE 135-5 STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33021 CITY-ST-ZIP STD TITLE ☐ Delete TITLE Change ☐ Addition BERTONE, VANESA P NAME BERTONE, VANESA P NAME 17820 SW 4th CT STREET ADDRESS 4000 HOLLYWOOD BLVD STE 135-5 STREET ADDRESS Pembroke Pines, FL 33029 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ 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 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport is five 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 tolescente 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 accuracy in a light of the empowered.

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED Jan 29, 2007 8:00 am