

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90243 035 ***158.75

DOCUMENT # P03000021650

1. Entity Name
BAY'S FASHION ACCESORIES, INC.



Principal Place of Business
**13995 NW. 7TH AVENUE
 BOOTH A-12
 NORTH MIAMI, FL 33168**

Mailing Address
**7737 NW 4TH COURT
 MIAMI, FL 33150**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03312005 Chg-P CR2E034 (10/03)

4. FEI Number
51-0445101

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

6. Name and Address of Current Registered Agent
**ADAMS, EVELEAN S
 7737 NW 4TH COURT
 MIAMI, FL 33168**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, EVELEAN S 7737 NW 4TH COURT MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kenedrick A. Simmons 7737 N.W. 4th Ct. Miami Florida 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Simmons-Kenedrick A. 7737 N.W. 4th Ct. Miami Florida 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Brewton Minnie L. 2910 N.W. 67th Miami Florida 33147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Adams Evelean S. 7737 N.W. 4th Ct Miami Florida 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Roderick Adams L 7737 N.W. 4th Ct Miami Florida 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Evelean S Adams* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Title: managing Director $\frac{20044266}{\# P 03000021650}$

Name: Simmons, John E

Street Address: 2475 N. W. 176^{terr}

City ST. Zip: Opa-locka Florida 33056

Title: Advisory

Name: Katrine Alecus

Street Address: 2475 N. W. 176^{terr}

City ST. Zip: Opa-locka Florida 33056

Title: Advisory

Name: James Simmons Jr.

Street Address: 2475 N. W. 176^{terr}

City ST. Zip: Opa-locka Florida 33056

ATTACHMENT

Title: Advisory

Name: Simmons Irene # ²⁰⁰⁴⁴²⁶⁶ P03000021650

Street Address: 2475 N. W. 176 Terr
City, St. zip Opa-locka, Florida 33056