
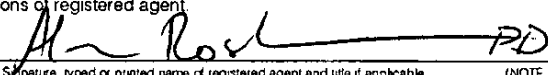


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90057 029 \*\*\*150.00

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # P03000050201</b>  |  |                                 |  |   |  |
| 1. Entity Name<br><b>BAY SOURCE TECHNOLOGIES CORP.</b>  |  |                                 |  |  |  |
| Principal Place of Business<br><b>9872 SW 164 PLACE<br/>MIAMI FL 33196<br/>US</b>   |  |                                 | Mailing Address<br><b>9872 SW 164 PLACE,<br/>MIAMI FL 33196<br/>US</b> |  |  |
| 2. Principal Place of Business  |  |                                 | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.  |  |  |
| City & State  |  |                                 | City & State   |  |  |
| Zip   | Country  | Zip                             | Country  | 4. FEI Number <b>77-0600276</b>  |  |
|   |  |                                 |  | Applied For<br>Not Applicable  |  |
|   |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>VELAZQUEZ, ROGUE H<br/>20 ALHAMBRA CIRCLE, VILLA #5<br/>CORAL GABLES FL 33134</b>   |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name <b>Aleen Rosenheim</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>9872 SW, 164 PLACE</b><br>City <b>Miami</b> FL Zip Code <b>33196</b> |  |
| 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  PD  |  |                                 |  | DATE <b>1-24-05</b>  |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)   |  |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>   |  |                                 |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ROSENHEIM, ALEEN<br>9872 SW 164 PLACE,<br>MIAMI FL 33196 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>TORRES, JULIO<br>14190 SW 152 PLACE<br>MIAMI FL 33196    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input 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:**  **Aleen Rosenheim - PD 1-25-05 305-408-4960**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #