2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # P04000021 BY THE BAY 12408, INC.			08 90128 038 ***1	50.00		
Principal Plac	e of Business	Mailing Address		A N I	J92837	4.3	
•		•	т	401	,0000		
2999 N.E. 191ST STREET 2999 N.E. 191ST STREE		I					
SUITE 900 SUITE 900			•	. *			
AVENTURA, F	FL 33180	AVENTURA, FL 33180		((Panana)	. BEH) BIEN BBIN BPIN B	A)(- 1.04) 0. 531 531 531 531 531 531 531 531 531 531 531 531	INDIA DE AMORIA
1							
•		3. Mailing Address					
2750 NE 185th Street		2750 NE 185th Street		et			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132008	Chg-P	CR2E034 (12/06)	
2nd Floor		2nd Floor		03132000	Crigor	ONEC004 (12/00)	
City & State		City & State		4. FEI Numb	er	Ap	plied For
Aventura, FL		AVentura, FL		20-270			t Applicable
Zip	Country	Zip	Country	20 27 0			
33180	'	33180	Odditiy	5. Certificate	of Status Desired	\$8.75 Add	litional d
33100				7 Name one	I Address of Nove	·	· · · · · · · · · · · · · · · · · · ·
	6. Name and Address of Current F	Registered Agent	Name	r. Name and	Address of New	Registered Agent	
001115514	5 4N 4D414D 500		Name Schi	ffman, Ad	am ·D		
)(a)	
2999 N.E. 191ST STREET			271	SO NE T85T	h "Street		
SUITE 900							
AVENTURA_FL 33180			// 2nd	l Floor			
City						Zip Code	ə
FL Zip 2006 33180							
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 Fibrida. I am family a with, and accept							
the obligations of registered agent.							
(12/1/08							
SIGNATURE	Signature, typed or printed name of registered agent a	ad title it continues a	Operators of Assent please	ure required when reinstating)	//	DATE	
	and registered agent a	und the Habbleanie's (NO.15.1	пофизичен Адант анднил	ova radovač mieri ravistatiji)		DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
After Ma	ay 1, 2008 Fee will be \$550.0	1 Trust Fund Contint	Julion.	Added to Fees			
10.	OFFICERS AND I	DIRECTORS	11,	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11
TITLE	D		TITLE	D	701171110EG TO OI	Change	Addition
	VILANOVA, MARIA EUGENIA	☐ Delete		_	Manda T		Addition
NAME	·	- 000	NAME	Vilanova,	Maria E	ugenia	
STREET ADDRESS	2999 N.E. 191ST STREET SUITE	STREET ADDRESS	2730 NB 1030N DC1CCC, 2Na 11001				
CITY-ST-ZIP	AVENTURA, FL 33180		CHY-SI-ZIP	Aventura	, FL 331	.80	
TITLE	D	☐ Delete	TITLE	D		Change_	Addition
NAME	ASTORGA VILANOVA, MELISSA	.C	NAME	Astorga V	ilanova,	Melissa C	_
STREET ADDRESS	2999.N.E. 191ST STREET SUITE	900	STREET ADDRESS	2750 NE 1	85th Str	eet, 2nd F	loor
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura	. FL 331	.80	
TITLE	—Ij.	Delete -	-TITLE : :		•	☐ Change	Addition
NAME		E Delete	NAME			☐ Clidige	[_] Addition
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CITY-ST-ZIP			E .				
U117-51-ZIP		,	CITY-ST-ZIP		·····		
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NAME	ļ		NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
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STREET ADDRESS	1		STREET ADDRESS				
CITY-ST-ZIP	I		CITY - ST - ZIP				,
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TITLE NAME		☐ Deleie	TITLE NAME		V-1	☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Deleie	TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME		☐ Deleis	TITLE NAME			☐ Change	Addition

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 suppliemental 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:

Affilautra
SIGNIFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2008

Daytime Phone #