


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000040215					
1. Entity Name <b>BAEZ FAMILY CORP</b>					
Principal Place of Business <b>2303 NW 7TH STREET MIAMI, FL 33127</b>			Mailing Address <b>2303 NW 7TH STREET MIAMI, FL 33127</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>41-2129547</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>VILLAR, LEONIDA R 4241 WEST 2ND AVENUE HIALEAH, FL 33012</b>		Name <b>RAFAEL C. GUTIERREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2303 NW 7th Street</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33127</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: <i>Rafael Gutierrez</i>		<b>RAFAEL C. GUTIERREZ</b>		<b>11/11/2005</b>	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP VILLAR, LEONIDA R 4241 WEST 2ND AVENUE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GUTIERREZ, RAFAEL C. 2303 NW 7 Street MIAMI, FL 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BAEZ, YUDELIS 4241 WEST 2ND AVENUE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAEZ, YUDELIS 2303 NW 7 Street MIAMI, FL 33127 <input checked="" 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	<div style="text-align: center;"> <b>600061752186</b>  <b>11/29/05--01060--004</b> *\$61.25         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: <i>Rafael Gutierrez</i>		President		(305) 582-1482	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

05 NOV 29 PM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**41-2129547**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **RAFAEL C. GUTIERREZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2303 NW 7th Street**  
 City **MIAMI** **FL** Zip Code **33127**

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: *Rafael Gutierrez* **RAFAEL C. GUTIERREZ** **11/11/2005**

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
VILLAR, LEONIDA R  
4241 WEST 2ND AVENUE  
HIALEAH, FL 33012 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
BAEZ, YUDELIS  
4241 WEST 2ND AVENUE  
HIALEAH, FL 33012 ☒ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
GUTIERREZ, RAFAEL C.  
2303 NW 7 Street  
MIAMI, FL 33127 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BAEZ, YUDELIS  
2303 NW 7 Street  
MIAMI, FL 33127 ☒ Change ☐ Addition

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SIGNATURE: *Rafael Gutierrez* President (305) 582-1482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams NOV 29 2005