
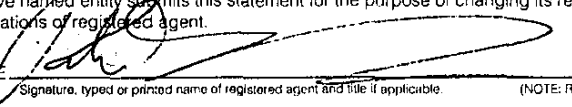
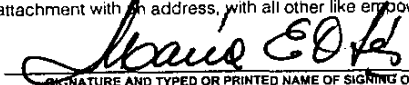


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90007 045 ***158.75

DOCUMENT # P04000041591 1. Entity Name BAIRES CONSULTING CORP.					
Principal Place of Business 110 NE 19TH. STREET HOMESTEAD, FL 33030			Mailing Address 110 NE 19TH. STREET HOMESTEAD, FL 33030		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 05-0597980	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNOZ, ALFREDO 110 NE 19TH. STREET HOMESTEAD, FL 33030				7. Name and Address of New Registered Agent Name ROBERT G. COVINGTON, ESQ. Street Address (P.O. Box Number is Not Acceptable) 5901 SW 74th Street, Suite 402 City South Miami FL Zip Code 33143	
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  ROBERT G. COVINGTON, ESQ. <i>Feb. 25, 2008</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT MUNOZ, ALFREDO 110 NE 19TH STREET HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Maria E. Oses-Munoz 110 NE 19th Street Homestead, FL 33030
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additior					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS OSES-MUNOZ, MARIA E 110 NE 19TH. STREET HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additior
<input type="checkbox"/> Change <input type="checkbox"/> Additior					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additior		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additior
<input type="checkbox"/> Change <input type="checkbox"/> Additior					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additior		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additior
<input type="checkbox"/> Change <input type="checkbox"/> Additior					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additior		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additior
<input type="checkbox"/> Change <input type="checkbox"/> Additior					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  MARIA E. OSES-MUNOZ <i>2/20/08</i> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>					