## 2006 FOR PROFIT CORPORATION

SIGNATURE:

## Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000058370 04-17-2006 90360 028 \*\*\*150.00 1. Entity Name BAYAMA INC. Principal Place of Business Mailing Address 937 SW 118 COURT 937 S.W. 118 COURT MIAMI, FL 33184 MIAMI, FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) Chq-P 4. FEI Number Applied For City & State City & State 56-2457128 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIVERO, YVETTE Street Address (P.O. Box Number is Not Acceptable) 7190 S.W. 76TH STREET MIAMI, FL 33143 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete TITI F ☐ Change ☐ Addition ALONSO, BENITO NAME NAME STREET ADDRESS 937 S.W. 118TH CT. STREET ADDRESS MIAMI, FL 33184 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MIRIAM, ALONSO NAME 937 S.W. 118 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$1-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accusate 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 received or trustee empowered sexecute 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 office like empowered.

**FILED**