2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132030

Title:

Name:

Address:

City-St-Zip:

(X) Delete

BACARELLA, MICHAEL

210 SW/ 11 STREET

MIAMI, FL 33130

Entity Name: BACARELLA GROUP INC.

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 270 SW 11 STREET 15312 SW 53 LANE MIAMI, FL 33130 MIAMI, FL 33185 **Current Mailing Address: New Mailing Address:** 15312 SW 53 LANE 270 SW 11 STREET MIAMI, FL 33130 MIAMI, FL 33185 FEI Number: 16-1707918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERAUX, REYONLD 210 SE 15 RD #500 MIAMI, FL 33129 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HERAUX, REYNOLD HERAUX, REYNOLD Name: Name: 210 SW 11 STREET 15312 SW 53 LANE Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33185 (X) Delete Title: Title: () Change () Addition BACARELLA, GLORIA Name: Name: 210 SW 11 STREET Address: Address: MIAMI, FL 33130 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: REYNOLD HERAUX PS 02/23/2006

() Change () Addition