## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000164790

Address:

City-St-Zip:

Entity Name: BAY BROKER SALES & MARKETING CORP.

FILED Mar 27, 2006 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
	NEY STREET RT RICHEY, FL	34652							
Current Mailing Address:					New Mailing Address:				
	NEY STREET RT RICHEY, FL	34652			P.O. BOX 9 NEW POR		FL 34656		
FEI Number:	: 20-2011406	FEI Number App	lied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Sta	tus Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
LUGO, ANGEL L 5151 DOVE DRIVE NEW PORT RICHEY, FL 34652 US					NÚÑEZ, GIL A 1733 KEUKA DR. 207 NEW PORT RICHEY, FL 34655 US				
	named entity set of Florida.	submits this state	ment for the p	urpose o	f changing it	ts registered	d office or registere	ed agent, or both,	
SIGNATURE: GIL ALBEL NUNEZ					03/27/2006				
	Electron	ic Signature of R	egistered Age	nt			Date		
		3(2)(b), F.S., the co Trust Fund Contri		t receive tl	he prior notic	e.			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () NUNEZ, MIGDA P.O. BOX 983 PORT RICHEY,				Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	on	
Title: Name: Address: City-St-Zip:	VPS () NUNEZ, GIL AL P.O. BOX 983 PORT RICHEY,				Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	on	
Title: Name: Address: City-St-Zip:	T () NUNEZ, STEPH P.O. BOX 983 PORT RICHEY,				Title: Name: Address: City-St-Zip:		() Change () Addition	on	
Title: Name:	()	Delete			Title: Name:	S NUNEZ, GIL	( ) Change (X) Addition	on	

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.

Address:

City-St-Zip:

P.O. BOX 983

PORT RICHEY, FL 34673

SIGNATURE: MIGDA E. NUNEZ T 03/27/2006