

FROM: LAZARUS

FAX NO. : 3052201440

05-01-2006 90409 023 ***300.00
P04000170226**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

06 MAY 22 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40076154



04182008

REIN-P

CR2E008 (11/05)

05-00

DOCUMENT # P04000170226			
1. Entity Name BAD BEAT, INC.			
Principal Place of Business 411 SW 68 BLVD PEMBROKE PINES, FL 33023		Mailing Address 411 SW 68 BLVD PEMBROKE PINES, FL 33023	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REDONDO, ERIC 411 SW 68 BLVD PEMBROKE PINES, FL 33023		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 state if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW! PER IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDONDO, ERIC 411 SW 68 BLVD PEMBROKE PINES, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, EDUARDO 18131 NW 82 AVE MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DEVARONA, CARLOS 8726 NW 26 ST #11 MIAMI, FL 33172 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 such block, with all other like empowered.			
SIGNATURE: _____ Signatures must be typed or printed names of signing officer or director		Director 4/27/06 305-796-7675 Date Deponent Printed	