

FROM :FAST-TAX

FAX NO. :9549268057

Apr. 12 2007 09:50AM P1

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000121479	
1. Entity Name BRUCE BAIN, INC.	

Principal Place of Business 3710 SW 47 AVE HOLLYWOOD, FL 33023 US	Mailing Address 3710 SW 47 AVE HOLLYWOOD, FL 33023 US
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04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3405205	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, GERALD J 113 NORTH FEDERAL HWY DANIA BEACH, FL 33004	DO NOT WRITE IN THIS SPACE
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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. (Not for Registered Agent signature required when re-stating) DATE**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**U00000747540
05/17/07-80030-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.P BAIN, BRUCE 3710 SW 47 AVE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T BAIN, BRUCE 3710 SW 47 AVE HOLLYWOOD, FL 33023
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 10, 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/26/07 (954) 989-3118