2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/16/2007-90194-008-$150.00-$150.00

FILED
2007 FEB 12 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000072765

1. Entity Name
THE OLD BAR CORP

Principal Place of Business	Mailing Address
848 BRICKELL KEY DRIVE. APT # 2704 MIAMI, FL 33131	848 BRICKELL KEY DRIVE. APT # 2704 MIAMI, FL 33131

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
168 SE 1 street	168 SE 1 street #407
Suite, Apt. #, etc. Suite #407	Suite, Apt. #, etc.
City & State Miami	City & State Miami FL
Zip FL / Country DADE	Zip 33131 / Country USA

4. FEI Number 20-4734419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-BUCCI, EDUARDO
848 BRICKELL KEY DRIVE.
2704
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Eduardo Perez-Bucci
Street Address (P.O. Box Number is Not Acceptable) 168 SE 1 Street
Suite #407
City MIAMI FL Zip Code 33131

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 (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ-BUCCI, EDUARDO 848 BRICKELL KEY DRIVE. 2704, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B. 2/13/07 ☐ 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 an address, with all other like empowered.

SIGNATURE: [signature] January 11 2007 (786) 425 9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #