

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90032 003 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P06000122380</b><br>1. Entity Name<br><b>BUY RIGHT INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>3727 SW 8TH ST<br/>102<br/>CORAL GABLES, FL 33134</b>  |  |   | Mailing Address<br><b>3727 SW 8TH ST<br/>102<br/>CORAL GABLES, FL 33134</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country  |   | 4. FEI Number<br><b>16-1773926</b>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BOLIVAR, LAZARO<br/>400 KINSPPOINT DRIVE<br/>1627<br/>SUNNY ISLES BCH, FL 33160</b>  |  |   |   |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent's signature required when re-stating)      DATE _____   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P <b>BOLIVAR, LAZARO</b> <input type="checkbox"/> Delete<br><b>400 KINSPPOINT DR</b><br><b>SUNNY ISLES BEACH, FL 33160</b>     |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP <b>PINO, JUAN M</b> <input checked="" type="checkbox"/> Delete<br><b>2155 W 52ND ST APT 108</b><br><b>HIALEAH, FL 33016</b> |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Lazaro Bolivar</i></u> <u>1/28/07</u><br><small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |  |   |   |  |  |