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Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90085 044 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000100367

1. Entity Name
B.A.P. ENTERPRISES, INC.

40075181

Principal Place of Business	Mailing Address
782 NW 42ND AVENUE SUITE #430 MIAMI, FL 33126	782 NW 42ND AVENUE SUITE #430 MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc. / Suite, Apt. #, etc.
City & State / City & State
Zip / Country / Zip / Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number 39-2067787 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LLEONART, LUIS M
782 NW 42ND AVENUE
#430
MIAMI, FL 33126

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PSD ALEXANDRINO, MARIA BEATRIZ PROFESSOR LUCIO MARTINS RODRIGUES 320 #82 SAO PAULO S.P. BRASIL, XX	☐ 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
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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: M. Beatriz Alexandrino 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #