FOR PROFIT CORPORATION ANNUAL REPORT

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2011 JUL 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000102985

1. Entity Name
BD40, Inc

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2950 SW 27th Ave	2950 SW 27th Ave
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State Miami, FL	City & State Miami, FL
Zip / Country 33133	Zip / Country 33133

4. FEI Number ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Pablo R. Bared, Esq.

Street Address (P.O. Box Number is Not Acceptable): 2950 SW 27th Ave

Suite 100

City: Miami FL Zip Code: 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when is [illegible])

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

E-mail Address: mimi@baredlaw.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	Granda, Jesus
STREET ADDRESS	1520 SW 11 St.
CITY-ST-ZIP	Miami, FL. 33131
TITLE	D/S
NAME	Granda, Ofelia
STREET ADDRESS	1520 SW 11 St, Miami, FL. 33131
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] Director/Secretary 7-11-2011 (305) 666-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #