2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # P07000129551 1. Entity Name BAR ELEMENTS, INC.						03-31-2008 9	0028 046	***150.	00
Principal Plac	e of Business	Mailing Address		<u> </u>	· 1	,			
5550 PINE TREE DR. MIAMI BCH, FL 33140		5550 PINE TREE DR. MIAMI BCH, FL 33140							•
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282008	Chg-P	ı	34 (12/06)	•
City & State		City & State			4. FEI Number 26-1:	52391	4	_ 	oplied For , ot Applicable
Zip Country		Zip	Country		5. Certificate of	Status Desired		8.75 Add	
	6. Name and Address of Curren	t Registered Agent	<u> </u>	· ·	7. Name and A	ddress of New R	<u> </u>	<u></u>	
				Name				<u> </u>	, .
PLA, MIGUEL J 5550 PINE TREE DR. MIAMI BCH, FL 33140			Street Address (P.O. Box Number is Not Acceptable)						
	.,, . = ••••								
				City			FL	Zip Cod	e
	named entity submits this statement fi	or the purpose of changing its	register	ed office or registe	red agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registere	d Agent signature require	d when reinstating)		DATE		 -
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees		i !		
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	
TITLE	PD PLA, MIGUEL J	☐ Delete	TITL				1	☐ Change	Addition:
NAME STREET ADDRESS	5550 PINE TREE DR.		NAM STRE	et address					fiscoal .
CITY-ST-ZIP	MIAMI BCH, FL 33140			-ST-ZIP			1		d .
TITLE		☐ Delete	TITL	E			<u> </u>	☐ Change	Addition
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CITY-ST-ZIP	<u> </u>		→	-ST-ZIP			<u>i</u>		7
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CITY-ST-ZIP			CITY	-ST-ZIP			<u> </u>		
TITLE		☐ Delete	TITL			<u>-</u>	1	☐ Change	Addition
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CITY-ST-ZIP							İ		
0111-01-20			CITY	-ST-ZIP			i		98.4" 1.094.1
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		☐ Delete		E			İ	Change	Addition
TITLE NAME STREET ADDRESS	•	☐ Delete	TITLI NAM STRE	E IE EET ADDRESS			<u> </u>	_ •	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wil		TITU NAM STRE CITY	E EET ADDRESS -ST-ZIP				. :	Talifación Sur lei

12. Inereby certify that the information supplied with this juring does not quality 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7*20*8

305.338.5002 F

Daytime Phone