


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P08321</b>	
1. Entity Name <b>BAER INDUSTRIES, INC.</b>	

Principal Place of Business <b>2445 NW 76 ST MIAMI, FL 33147 US</b>	Mailing Address <b>2600 N. 2ND ST. PHILADELPHIA, PA 19133-3410</b>
--	---

**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>23-1953010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEMUS, MARTHA 10409 N FLORIDA AVE TAMPA, FL 33612</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPOPORT, ERNEST 1250 GREENWOOD AVENUE JENKINSTON, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAPOPORT, RANDY 220 WEST RITTENHOUSE PHILA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAPOPORT, JEFFREY 458 WEST APPLETREE LANE LAF HILL, PA 19444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATZ, PAULA 901 ARTIS ROAD PLYM MTG, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000721192  
05/01/07-80136-013 150.00

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:**  **4/13/07** **215 426 1605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #