

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **P69000084895**

1. Entity Name

Bajofee Clearing Inc



11 JUN -1 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

2632 NE 204th Terr.

3. Mailing Address

2632 NE 204th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

271155166

Applied For

Not Applicable

Zip

33180

Country

Zip

33180

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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7. Name and Address of Current Registered Agent

Name

Oscar L Bajofee

Street Address (P.O. Box Number is Not Acceptable)

2632 NE 204th Terr.

City

MIAMI

FL

Zip Code **33180**

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 re-instating)

DATE

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Oscar L. Bajofee
2632 NE 204th Terr.
Miami, FL 33180**

TITLE
NAME
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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. 817.15, F.S.

SIGNATURE:

Oscar L Bajofee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/20/11

Daytime Phone #

(315) 974-4224