FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90244 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000350

1. Entity Name
BAIRES ADVERTISING, INC.

11017186

Principal Place of Business
7786 W. 34TH COURT
HIALEAH, FL 33018 US

Mailing Address
PO BOX 350007
MIAMI, F 33140 US

2. Principal Place of Business	3. Mailing Address
3161 S. Ocean Dr.	3161 S. Ocean Dr.
Suite, Apt. #, etc.: Suite 1202	Suite, Apt. #, etc.: Suite 1202
City & State: Hallandale Beach	City & State: Hallandale Beach
Zip: 33009 Country: Broward	Zip: 33009 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0362941 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CALO, JOSEPH
7786 W. 34TH COURT
HIALEAH, FL 33018

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PS CALO JOSEPH 7786 W. 34TH COURT HIALEAH, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CALO-LLERENA, ROSA MARIA 7786 W. 34TH COURT HIALEAH, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] - Joseph Calo - President - 954.454.9344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #