



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90139 019 ***158.75

DOCUMENT # P93000060616 1. Entity Name BAY IMPORTS & AUCTIONS, INC.					
Principal Place of Business 629 S FORT HARRISON AVE CLEARWATER, FL 33765 US			Mailing Address 629 S FORT HARRISON AVE CLEARWATER, FL 33765 US		
2. Principal Place of Business - No P.O. Box # 428 Indian Rocks Road N		3. Mailing Address 428 Indian Rocks Road N			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03272007 Chg-P CR2E034 (12/06)	
City & State Belleair Bluffs, FL		City & State Belleair Bluffs FL		4. FEI Number 59-3192220	
Zip 33770		Country Pinellas		Applied For <input type="checkbox"/> Not Applicable	
Zip 33770		Country Pinellas		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPPELLO, LISA 146 BAYSIDE DR. CLEARWATER, FL 33767			7. Name and Address of New Registered Agent Name CAPPELLO, Joseph A. Street Address (P.O. Box Number is Not Acceptable) 3107 CRYSTAL CAY Belleair Beach City FL Zip Code 33786		
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 <i>Joseph A. Cappello</i> DATE 3-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CAPPELLO, LISA 146 BAYSIDE DRIVE CLEARWATER, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPPELLO, Joseph 3107 CRYSTAL CAY BELLEAIR BEACH FL 33786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Joseph A. Cappello</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/27/07 Daytime Phone #: 727 585 5700		