

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90059 033 ***150.00

DOCUMENT # P94000000917

1. Entity Name

I D P BEARINGS, INC.



Principal Place of Business

6991 NW 82 AVE
BAY #14
MIAMI FL 33166
US

Mailing Address

6991 NW 82 AVE
BAY #14
MIAMI FL 33166
US

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

Suite, Apt. #, etc.

BAY 15

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

BAY 15

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0459559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESTRIL, MILDRED A
6991 NW 82 AVENUE
BAY #14 ← Change
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

BAY 15

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

Phillip A. Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE P ☐ Delete
NAME HERNANDEZ, ANGEL
STREET ADDRESS 6991 NW 82 AVE., BAY 14
CITY- ST- ZIP MIAMI FL 33166

TITLE VP ☐ Delete
NAME MESTRIL, MILDRED A
STREET ADDRESS P.O. BOX 620087
CITY- ST- ZIP OVIEDO FL 32762

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6991 NW 82 Ave, BAY 15
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17901 MARSH RD
CITY- ST- ZIP Winter Garden, FL 34787

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Phillip A. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07

Date

Daytime Phone #