

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90088 041 ***150.00

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DOCUMENT # P94000041789			
1. Entity Name BAY HOLDINGS, INC.			
Principal Place of Business 550 BILTMORE WAY 700 CORAL GABLES, FL 33134 US		Mailing Address 550 BILTMORE WAY 700 CORAL GABLES, FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIAZ, ROBERTO 7815 NW 148TH ST. MIAMI LAKES, FL 33016		Name <u>Argudin, Bernardo</u> Street Address (P.O. Box Number is Not Acceptable) <u>7815 NW 148 St.</u> City <u>Miami Lakes</u> FL Zip Code <u>33016</u>	
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 <u>[Signature]</u>		DATE <u>3/8/06</u>	
Signature, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	SVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FELIX	NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<u>SEV/T/D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, HUMBERTO	NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAISE, BRUCE	NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	SVPS <input checked="" type="checkbox"/> Delete	TITLE	<u>SV/S</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, ROBERTO	NAME	<u>Argudin, Bernardo</u>
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	<u>255 Alhambra Circle</u>
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	<u>Coral Gables, FL 33134</u>
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, RAMIRO	NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	AV <input checked="" type="checkbox"/> Delete	TITLE	<u>AV</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONET, AWILDA	NAME	<u>Lopez, Judith</u>
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	<u>255 Alhambra Circle</u>
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	<u>Coral Gables, FL 33134</u>
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: <u>[Signature]</u>		DATE <u>3/8/06</u> 305-698-4159	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Bernardo Argudin</u>		DATE <u>3/8/06</u> Daytime Phone # <u>305-698-4159</u>	