


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # P96000063695 1. Entity Name BEARINGS & COMPONENTS, INC.	
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Principal Place of Business 7832 NW 57TH ST. MIAMI, FL 33162	Mailing Address 7832 NW 57TH ST. MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



05152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0717624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JERRY F
17040 NW 17TH STREET
PEMBROKE PINES, FL 33028

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

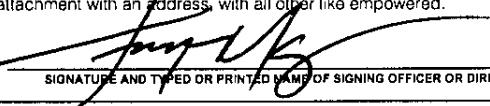
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, JERRY F 17040 NW 17TH STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARTINEZ, MAGGIE L 17040 NW 17TH STREET PEMBROKE PINES, FL 33028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000764768
05/31/07-80009-012 8.75

U00000764768
05/31/07-80009-013 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 5/15/07 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR