2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P97000010758** 1. Entity Name BAYSIDE BRUSH CO. Mailing Address Principal Place of Business 1982 NW 82ND AVE 1982 NW 82ND AVE MIAMI, FL 33126 MIAMI, FL 33126 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (11/05) 04272006 Applied For 4. FEI Number 65-0736014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTILLO, JORGE E DO NOT WRITE 1982 NW 82ND AVE MIAMI, FL 33126 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U000000S55444 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/16/06-80033-004 150.00 10. OFFICERS AND DIRECTORS TITLE The second secon CASTILLO, JORGE E NAME 200 GREENWOOD DR STREET ADDRESS -:. KEY BISCAYNE, FL 33149 CITY-ST-ZIP the to with the said said said TITLE The second secon NAME LOPEZ-BOSCH, IVAN STREET ADDRESS 8500 SW 112 STREET CITY-ST-ZIP MIAMI, FL 33156 THILE NAME STREET ADDRESS DO NOT WRITE City-St-Zic IN THIS SPACE TITLE NAME STREET ADDRESS The state of the s CITY-ST-ZIP TITLE NAME the state of the s STREET ADDRESS A CO CO SOLIC CONTRACTOR SECURIOR SECUR CITY-ST-ZIP TITLE STREET ADDRESS the same of the sa CITY - \$1 - ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 of 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 approved.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED