

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 21, 2006 8:00 am
Secretary of State**

05-01-2006 90296 049 ***150.00

DOCUMENT # P97000074988

1. Entity Name
BAHIA RECEPTIVE SERVICES, INC.



Principal Place of Business
**10310 GREEN GROVE PLACE
TAMPA, FL 33624**

Mailing Address
**P O BOX 272442
TAMPA, FL 33688-2442 US**

66020220



03232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3472819	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

**FINDER, ALLAN E
4706 RANCHWAY CT.
TAMPA, FL 33624**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINDER, ALLAN 10310 GREEN GROVE PL TAMPA, FL 33624
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**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/06 917 765-4685

Date

Daytime Phone #