


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State


01-23-2006 90116 016 ***150.00

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| DOCUMENT # P98000004212 |  |
| 1. Entity Name BARAL, INC. | |

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| Principal Place of Business 7888 TALAVERA PLACE DELRAY BEACH, FL 33446 | Mailing Address 7888 TALAVERA PLACE DELRAY BEACH, FL 33446 |
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| 2. Principal Place of Business 3764 NW 124 th AVE Suite, Apt. #, etc. | 3. Mailing Address 3764 NW 124 th AVE Suite, Apt. #, etc. |
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| City & State CORAL SPRINGS, FL Zip 33065 Country USA | City & State CORAL SPRINGS, FL Zip 33065 Country USA |
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| 01092006 Chg-P | CR2E034 (11/05) |
| 4. FEI Number 65-0811692 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BARALDI, ALINA 7888 TALAVERA PLACE DELRAY BEACH, FL 33446 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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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 _____ |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BARALDI, ALINA 7888 TALAVERA PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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. | |
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| SIGNATURE: <u>Alina B de Baraldi ALINA BARALDI</u> | <u>1/9/06</u> | <u>561-305-0061</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |