

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90250 006 ***150.00

DOCUMENT # P98000012126

1. Entity Name
 BAEZ LOCKSMITH, INC.



Principal Place of Business
~~9727 HAMMOCKS BLVD #101~~
~~MIAMI, FL 33196~~

Mailing Address
 PO BOX 960027
 MIAMI, FL 33290-0027

60002845



2. Principal Place of Business
 9964 N. KENDALL DR.
 Suite, Apt. #, etc.
 APT. 824

3. Mailing Address
 PO BOX 960027
 Suite, Apt. #, etc.

01132006 Chg-P CR2E034 (11/05)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 65-0248028

Applied For
 Not Applicable

Zip
 33176

Country
 USA

Zip
 33290-0027

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAEZ, LUIS P
~~9727 HAMMOCKS BLVD #101~~
~~MIAMI, FL 33196~~

7. Name and Address of New Registered Agent

Name
 BAEZ, LUIS P

Street Address (P.O. Box Number is Not Acceptable)
 9964 N. KENDALL DR. APT. 824

City
 MIAMI

FL Zip Code
 33176

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 Juan A Baez (NOTE: Registered Agent signature required when reinstating) 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	PD BAEZ, LUIS P PO BOX 960027 MIAMI, FL 332900027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAEZ, JUAN A PO BOX 960027 MIAMI, FL 332900027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Juan A Baez Date 01/13/06 Daytime Phone # 305-4124289