

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90061 038 ***150.00

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01142008 Chg-P CR2E034 (12/06)

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|--|---------------------|--|---|---|--|
| DOCUMENT # P98000012126 | | | |  | |
| 1. Entity Name BAEZ LOCKSMITH, INC. | | | | | |
| Principal Place of Business 9964 N.KENDALL DR APT 824 MIAMI, FL 33176 | | Mailing Address PO BOX 960027 MIAMI, FL 33290-0027 | | | |
| 2. Principal Place of Business - No P.O. Box # 10324 SW 141 Court | | 3. Mailing Address 10324 SW 141 Court | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami, Florida | | City & State Miami, Florida | | 4. FEI Number 65-0248028 | |
| Zip 33186 | | Country Miami-Dade | | 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 BAEZ, LUIS P 9964 N. KENDALL DR. APT 824 MIAMI, FL 33176 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAEZ, LUIS P | | NAME | BAEZ, JUAN A | |
| STREET ADDRESS | PO BOX 960027 | | STREET ADDRESS | P.O. Box 960027 Miami, FL 33290 | |
| CITY-ST-ZIP | MIAMI, FL 332900027 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAEZ, JUAN A | | NAME | ONTEGA MANHA | |
| STREET ADDRESS | PO BOX 960027 | | STREET ADDRESS | P.O. Box 960027 Miami, FL 33290 | |
| CITY-ST-ZIP | MIAMI, FL 332900027 | | CITY-ST-ZIP | | |
| TITLE | OD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAEZ, JUAN A | | NAME | | |
| STREET ADDRESS | 9964 N.KENDALL DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Juan A Baez</u> | | JUAN A BAEZ President | | 1/14/08 (305) 388-1401 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |