

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90027 010 ***150.00

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1. Entity Name
WHITEBAY, INC.



Principal Place of Business

~~9784 NW 16 CT.~~
~~PEMBROKE PINES, FL 33024~~

Mailing Address

~~9784 NW 16 CT.~~
~~PEMBROKE PINES, FL 33024~~

1611 NE MIAMI GARDENS DRIVE #110
NORTH MIAMI BEACH, FLORIDA 33179

DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0834646

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIRILLO, NICOLAS
4300 NE MIAMI GARDENS DRIVE
#1019
MIAMI, FL 33179
1611 NE MIAMI GARDENS DRIVE
#110
NORTH MIAMI BEACH, FL 33179

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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

Nicolas Cirillo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/25/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CIRILLO, NICOLAS**
STREET ADDRESS **4300 NE MIAMI GARDENS DRIVE #1019**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE
NAME **1611 NE MIAMI GARDENS DRIVE #110**
STREET ADDRESS **NORTH MIAMI BEACH, FL 33179**
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Nicolas Cirillo

OFFICER/OWNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/25/04 (786) 344-7883