

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000061520**

1. Entity Name  
**NEW BEARINGS, INC.**



Principal Place of Business  
**1060 WEST 46 STREET  
HIALEAH, FL 33012**

Mailing Address  
**1060 WEST 46 STREET  
HIALEAH, FL 33012**



03222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0934763**

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

**GARAY, MIGUEL M  
524 W ARCHER PKWY  
CAPE CORAL, FL 33904**

**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 **MIGUEL M. GARAY**

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

(NOTE: Registered Agent Signature required when reinstating)

**04-16-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARAY, MIGUEL M
STREET ADDRESS	524 W. ARCHER PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	GARAY, LAZARO J
STREET ADDRESS	524 W. ARCHER PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	GARAY, MIGUEL J
STREET ADDRESS	3604 OASIS BLVD
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	GARAY, FRANCISCO J
STREET ADDRESS	1060 W 46TH STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000728650  
05/08/07-80008-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

U000000728650  
05/08/07-80008-008 5.00

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: **MIGUEL M. GARAY**

**04-16-07**

Date

**(239) 458-2340**

Daytime Phone #