

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000061520

1. Entity Name
NEW BEARINGS, INC.



FILED

07 JUN 28 PM 1:19

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



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

Mailing Address
2710 DEL PRADO BLVD., #2
PMB-208
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #
1790 WEST 49TH STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 115

Suite, Apt. #, etc.

06262007 Chg-P CR2E034 (12/06)

City & State
HIALEAH, FL

City & State

4. FEI Number
65-0934763

Applied For
☒ Not Applicable

Zip
33012

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

GARAY, MIGUEL
1790 WEST 49TH STREET
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name
GARAY, MIGUEL

Street Address (P.O. Box Number is Not Acceptable)
524 WEST ARCHER PKWY

City
CAPE CORAL FL Zip Code
33904

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
D
GARAY, LAZARO J
1456 SE 14TH TERRACE
CAPE CORAL, FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARAY, FRANCISCO J
1060 W 46TH STREET
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500105655005
07/06/07--01064--011 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

GARAY, MIGUEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-2007

(239) 458-2340

Date

Daytime Phone #