


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90054 043 \*\*\*150.00

<b>DOCUMENT # S41074</b> 1. Entity Name <b>BEARING CONSTRUCTION &amp; MANAGEMENT, INC.</b>					
Principal Place of Business <b>C/O E. GINDI 2108 N.E. 22ND TERRACE FT. LAUDERDALE, FL 33305</b>			Mailing Address <b>C/O E. GINDI 2108 N.E. 22ND TERRACE FT. LAUDERDALE, FL 33305</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0251644</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GINDI, ELLIOT 2108 N.E. 22ND TERRACE FT. LAUDERDALE, FL 33305</b>				Name <i>David Solomon in Trust for Elliot Gindi</i> Street Address (P.O. Box Number is Not Acceptable) <i>2108 NE 22nd Terrace</i> City <i>Ft Lauderdale</i> <b>FL</b> Zip Code <i>33305</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GINDI, ELLIOT 2108 NE 22ND TERRACE FORT LAUDERDALE, FL 33305</b> <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					


**66432103**



08112004 Chg-P CR2E034 (10/03)

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

<b>DOCUMENT # S41074</b>					
<b>1. Entity Name</b> BEARING CONSTRUCTION & MANAGEMENT, INC.					
<b>Principal Place of Business</b> C/O E. GINDI 2108 N.E. 22ND TERRACE FT. LAUDERDALE FL 33305			<b>Mailing Address</b> C/O E. GINDI 2108 N.E. 22ND TERRACE FT. LAUDERDALE FL 33305		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 65-0251644	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GINDI, ELLIOT 2108 N.E. 22ND TERRACE FT. LAUDERDALE FL 33305				<b>7. Name and Address of New Registered Agent</b> Name: David Salomon in Trust for Elliot Gindi Street Address (P.O. Box Number is Not Acceptable): 15400 Knoll Trail, Ste 350 City: Dallas TX Zip Code: 75248	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PST NAME: GINDI, ELLIOT STREET ADDRESS: 2108 NE 22ND TERRACE CITY-ST-ZIP: FORT LAUDERDALE FL 33305			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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<div style="border: 2px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> <b>SALOMON IN TRUST FOR ELLIOT GINDI</b>                      15400 KNOLL TRL SUITE 350                      DALLAS, TX 75248                 </div> <div>                     32-61,316                      1110                      652423302                      DATE 3/29/04                 </div> <div>                     118                 </div> </div> <div style="margin-top: 10px;">                     PAY TO THE ORDER OF <u>Florida Dept of State</u> \$ <u>150.00</u>  <u>One hundred fifty</u> DOLLARS                 </div> <div style="margin-top: 10px;"> <b>BANK ONE.</b>                      Bank One, NA                      Dallas, Texas 75201                      www.BankOne.com                      MEMO <u>FEI # 65-0251644</u> </div> </div>					
<b>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.</b>					
<b>SIGNATURE:</b> _____					