

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 029 ***158.75

DOCUMENT # V68063

1. Entity Name
THE BARED COMPANY OF MIAMI, INC.



Principal Place of Business
POST OFFICE BOX 526642
MIAMI, FL 33152-6642 US

Mailing Address
POST OFFICE BOX 526642
MIAMI, FL 33152-6642 US

40111172



2. Principal Place of Business - No P.O. Box #

5800 Northwest 74th Ave

Suite, Apt. #, etc.

3. Mailing Address

5800 Northwest 74th Ave

Suite, Apt. #, etc.

04292007 Chg-P CR2E034 (12/06)

City & State
Miami, Florida

City & State
Miami, FL

4. FEI Number
65-0494883

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

6. Name and Address of Current Registered Agent

DIAZ, JUAN ESQ
5800 NW 74TH AVE
MIAMI, FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PS ☐ Delete
NAME BARED, CARLOS E.
STREET ADDRESS 5800 N.W. 74TH AVENUE
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Juan Diaz, off in fact
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2007

Date

Daytime Phone #