


**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

Zip  
 33166

Country  
 USA

4. FEI Number  
 65-0494883

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIAZ, JUAN ESQ 5800 NW 74TH AVE MIAMI, FL 33166		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARED, CARLOS E.			NAME			
STREET ADDRESS	5800 N.W. 74TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 Date: Apr 27, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #