

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000043881

**FILED**  
**Feb 24, 2016**  
**Secretary of State**  
**CC1814762449**

**Entity Name:** BAYBROOK ESTATES OF FLORIDA, INC.

**Current Principal Place of Business:**

3530 MYSTIC POINTE DRIVE  
APT 3215  
AVENTURA, FL 33180

**Current Mailing Address:**

3530 MYSTIC POINTE DRIVE  
APT 3215  
AVENTURA, FL 33180

**FEI Number:** 02-0601150

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE SOLUTIONS OF SOUTH FLORIDA, INC  
4651 SHERIDAN STREET  
SUITE 355  
HOLLYWOOD, FL 33021 US

*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.*

**SIGNATURE:** SALOMON B. ESQUENAZI, AS DIRECTOR

02/24/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BARADON CAPON, RUBEN JAIME  
Address 3530 MYSTIC POINTE DRIVE, APT.  
3215  
City-State-Zip: AVENTURA FL 33180

Title D  
Name BARADON AXELROD, LIOR Y  
Address 3530 MYSTIC PT. DR APT 3215  
City-State-Zip: MIAMI FL 33180

Title D  
Name BARADON AXELROD, ILANA  
Address 3530 MYSTIC PT. DR APT 3215  
City-State-Zip: MIAMI FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUBEN JAIME BARADON CAPON

D

02/24/2016

Electronic Signature of Signing Officer/Director Detail

Date