


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000025444

1. Entity Name
2900 CYPRESS CORNERS, INC.



Principal Place of Business 150 SE 2ND AVE., SUITE 300 SUITE 1301 MIAMI, FL 33131	Mailing Address 150 SE 2ND AVE., SUITE 300. SUITE 1301 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

07022004 No Chg-P CR2E034 (10/03)

4. FE# Number 65-0832358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, RONALD G
 2655 LE JEUNERD #201
 CORAL GABLES, FL 33134**

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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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D	NAME WINTON, JOHNNY L
STREET ADDRESS 150 SE 2ND AVE., SUITE 300	CITY-ST-ZIP MIAMI, FL 33131
TITLE D	NAME SCHRAGE, JOSEPH B
STREET ADDRESS 4901 NW 17TH WAY	CITY-ST-ZIP FT. LAUDERDALE, FL 33309
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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 08/25/04-80004-004 158.75

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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

SIGNATURE: *John Winton* 8/25/04 3053732164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #