

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90561 034 \*\*\*158.75

**DOCUMENT # P98000025444**  
 1. Entity Name  
 2900 CYPRESS CORNERS, INC.



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| Principal Place of Business<br>150 SE 2ND AVE., SUITE 300<br>SUITE 1301<br>MIAMI, FL 33131 | Mailing Address<br>150 SE 2ND AVE., SUITE 300<br>SUITE 1301<br>MIAMI, FL 33131 |
|--|--|

**20036117**



03182005 No Chg-P CR2E034 (10/03)

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

**8. 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>WINTON, JOHNNY L<br>150 SE 2ND AVE., SUITE 300<br>MIAMI, FL 33131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SCHRAGE, JOSEPH B<br>4901 NW 17TH WAY<br>FT. LAUDERDALE, FL 33309 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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 Baker Date: 4/15/05 Daytime Phone #: 205 373-2164