2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #S04245

1. Entity Name RUSSO & BAKER, P.A.



FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

2655 LE JEUNE ROAD SUITE 201

CORAL GABLES, FL 33134

Mailing Address

2655 LE IEUNE ROAD SUITE 201

CORAL GABLES, FL 33134



03072006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0215135 Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, RONALD G 2655 LE JEUNE RD SUITE 201 CORAL GABLES, FL 33146

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CONAL GABLES, I E 33140						
	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acc-	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				gent signature required when reinstaling) DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DS RUSSO, LAURA L 2655 LE JEUNE RD SUITE 201 CORAL GABLES, FL 33146					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP BAKER, RONALD G 2655 LE JEUNE RD, SUTIE 201 CORAL GABLES, FL 33146				H00000472784 U3/30/06-80007-020 150.0 0	
TITLE NAME STREET ACCRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET MODRESS						

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:)

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/06 *305-476-83A