

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 695411 1. Entity Name BAUR & KLEIN, P.A.	
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Principal Place of Business 100 N. BISCAYNE BLVD. 21ST FLOOR, NEW WORLD TOWER MIAMI, FL 33132-2306	Mailing Address 100 N. BISCAYNE BLVD. 21ST FLOOR, NEW WORLD TOWER MIAMI, FL 33132-2306
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2107412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAUR, THOMAS 21ST FLOOR, NEW WORLD TOWER 100 N BISCAYNE BLVD MIAMI, FL 33132

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BAUR, THOMAS 100 N BISCAYNE BLVD.BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLEIN, CHRISTOPHER J 100 N BISCAYNE BLVD #2100 MIAMI, FL 33132
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TITLE NAME STREET ADDRESS 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-28-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #