


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F03844 1. Entity Name ROGER BAUM INTERNATIONAL INC. |  |
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| Principal Place of Business 1602 4TH AVE TAMPA, FL 33605 | Mailing Address PO BOX 1305 TAMPA, FL 33601 |
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-2036025 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BAUM, ROGER 1602 4TH AVE TAMPA, FL 33605 |
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IN THIS SPACE**

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 _____

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| 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 | PTD BAUM, ROGER 3119 WEST HENRY AVE. TAMPA, FL |
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01/29/05-80051-007 158.75

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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)(f), 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:  **ROGER BAUM, PRESIDENT** JANUARY 27, 2005 813/248 1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #