

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90031 020 \*\*\*150.00

<b>DOCUMENT # L38452</b> 1. Entity Name <b>BALDWIN &amp; FRIEDMAN, P.A.</b>					
Principal Place of Business <b>3107 RICHING RD. STE. 308 FORT LAUDERDALE, FL 33312</b>			Mailing Address <b>3107 STIRLING ROAD SUITE 308 FT. LAUDERDALE, FL 33312</b>		
2. Principal Place of Business <b>3107 Stirling Rd.</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 308</b>		Suite, Apt. #, etc.			
City & State <b>Ft Lauderdale FL</b>		City & State			
Zip <b>33312</b>		Country		Zip Country	
6. Name and Address of Current Registered Agent <b>FRIEDMAN, KENNETH A., ESQ. 2020 NE 163 ST SUITE 300 N MIAMI BEACH, FL 33162</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3107 Stirling Road, suite 308</b> City <b>Ft Lauderdale, FL</b>	
Zip Code <b>33312</b>		4. FEI Number <b>65-0163272</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
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: <u><i>Kenneth A. Fried</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRIEDMAN, KENNETH A, ESQ 3107 STIRLING RD. STE. 308 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BALDWIN, ELIZABETH N., E 3107 STIRLING RD. STE. 308 FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 fee empowered.					
SIGNATURE: <u><i>Kenneth A. Fried</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					