


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90033 007 ***150.00

DOCUMENT # M63197
 1. Entity Name
CATLIN SAXON EVANS FINK KOLSKI & ROMANEZ, P.A.



Principal Place of Business Mailing Address
% H. JAMES CATLIN, JR.
1700 ALFRED I DUPONT BLDG, 169 E FLG.ST.
MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address
2600 Douglas Rd.
 Suite, Apt. #, etc. **Suite 1109**

City & State City & State
Coral Gables, FL **Coral Gables FL**

Zip Country Zip Country
33134 USA **33134 USA**



03032004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0087770** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CATLIN, H. JAMES JR.
1700 ALFRED I DUPONT BLG
169 E. FLAGER STREET
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **Catlin, H. James Jr.**
 Street Address (P.O. Box Number is Not Acceptable) **2600 Douglas Rd**
Suite 1109
 City **Coral Gables** **FL** Zip Code **33134**

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 **H. James Catlin Jr.** DATE **3/4/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete CATLIN, H. JAMES JR. 1700 ALFRED I DUPONT BLG MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete SAXON, KYLE R. 1700 ALFRED I DUPONT BLG MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete EVANS, JAMES C. 1700 ALFRED I DUPONT BLG MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input type="checkbox"/> Delete FINK, BRIAN L. 1700 ALFRED I. DUPONT BLDG MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete KOLSKI, STEPHEN J JR 1700ALFRED I DUPONT BLDG MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete ROMANEZ, HELEN 1700 ALFRED I POINT BLDG MIAMI, FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Douglas Rd #1109 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Douglas Rd, #1109 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Douglas Rd #1109 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Douglas Rd, #1109 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Douglas Rd, #1109 Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Douglas Rd #1109 Coral Gables, FL 33134

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: **KYLE R. SAXON** DATE **3/4/04** DAYTIME PHONE # **305-371-9525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #