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	% H. JAMES CATLIN, JR. 1700 ALFRED I DUPONT BLDG, 169 E FLG.ST. MIAMI, FL 33131

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2600 Douglas Rd.	2600 Douglas Rd
Suite 1109	Suite 1109
Coral Gables, FL	Coral Gables FL
Zip 33134 / Country USA	Zip 33134 / Country USA

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	7. Name and Address of New Registered Agent
CATLIN, H. JAMES JR. 1700 ALFRED I DUPONT BLG 169 E. FLAGER STREET MIAMI, FL 33131	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. 3/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CATLIN, H. JAMES JR.	NAME	
STREET ADDRESS	1700 ALFRED I DUPONT BLG	STREET ADDRESS	2600 Douglas Rd #1109
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	DV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SAXON, KYLE R.	NAME	
STREET ADDRESS	1700 ALFRED I DUPONT BLG	STREET ADDRESS	2600 Douglas Rd, #1109
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	DV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	EVANS, JAMES C.	NAME	
STREET ADDRESS	1700 ALFRED I DUPONT BLG	STREET ADDRESS	2600 Douglas Rd #1109
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	DVT ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	FINK, BRIAN L.	NAME	
STREET ADDRESS	1700 ALFRED I. DUPONT BLDG	STREET ADDRESS	2600 Douglas Rd, #1109
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	DV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KOLSKI, STEPHEN J JR	NAME	
STREET ADDRESS	1700ALFRED I DUPONT BLDG	STREET ADDRESS	2600 Douglas Rd, #1109
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Coral Gables FL 33134
TITLE	DVS ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	ROMANEZ, HELEN	NAME	
STREET ADDRESS	1700 ALFRED I POINT BLDG	STREET ADDRESS	2600 Douglas Rd #1109
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	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 3/4/04 305-371-9575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #