


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business  
 2600 DOUGLAS RD STE 1109  
 CORAL GABLES, FL 33134

Mailing Address  
 2600 DOUGLAS RD STE 1109  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0087770

Applied For  
 Not Applied

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

6. Name and Address of Current Registered Agent

CATLIN, H. JAMES JR.  
 2600 DOUGLAS RD STE 1109  
 CORAL GALBES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CATLIN, H. JAMES JR.
STREET ADDRESS	2600 DOUGLAS RD STE 1109
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DV
NAME	SAXON, KYLE R.
STREET ADDRESS	2600 DOUGLAS RD STE 1109
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DV
NAME	EVANS, JAMES C.
STREET ADDRESS	2600 DOUGLAS RD STE 1109
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVT
NAME	FINK, BRIAN L.
STREET ADDRESS	2600 DOUGLAS RD STE 1109
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DV
NAME	KOLSKI, STEPHEN J JR
STREET ADDRESS	2600 DOUGLAS RD STE 1109
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVS
NAME	ROMANEZ, HELEN
STREET ADDRESS	2600 DOUGLAS RD STE 1109
CITY-ST-ZIP	CORAL GABLES, FL 33134

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 04/25/05-80010-003 150.00

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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 changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: *[Handwritten Signature]* H. James N.H. 4-20-05