


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.	
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Principal Place of Business 2600 DOUGLAS RD STE 1109 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS RD STE 1109 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0087770	Applied For Not Applicable
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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 GABLES, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	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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IN THIS SPACE

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04/25/05-80010-003 150.00

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 duly empowered.

SIGNATURE:  H. James Jr. 4-20-05