2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Jan 07, 2005 08:00			
1. Entity Nam	MENT # M63205 ARD REAL ESTATE & MANAGE			Sec	cretary	of State	
Principal Place of Business Mailing Address 1575 SAN IGNACIO 1575 SAN IGNACIO SUITE 100 SUITE 100 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146							
D	O NOT WRITE II	CE	01042005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0015029 Not Applied 5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							
1575 SAN	RD, DANIEL L. IGNACIO #100 ABLES, FL 33146	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement (or the pations of registered agent.	ourpose of changing its register	L ed office or register	ed agent, or bot	h, in the State of Flori	lda. I am familiar v	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registere	d Agent signatura required	when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee Will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May 8e ed to Fees			
10,	OFFICERS AND DIREC	CTORS	I		4 804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BAUMGARD, DANIEL L. 1575 SAN IGNACIO #100 CORAL GABLES, FL	-			.000000 01/07/05-(173017 30002-004	150. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGARD, DANIEL L. 1575 SAN IGNACIO #100 CORAL GABLES, FL	, , , , , , , , , , , , , , , , , , , ,	·				
TITLE VD NAME BAUMGARD, LORI A. STREET ADDRESS 1575 SAN IGNACIO #100 CITY-ST-ZIP CORAL GABLES, FL			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 accorded 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 accress, with all other like empowerps.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF SIGN OR DIRECTOR

|S|05 (305/66) -0110