

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M63446 1. Entity Name BAUMGARD DEVELOPMENT CORPORATION	
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Principal Place of Business 1575 SAN IGNACIO AVE SUITE 100 CORAL GABLES, FL 33146	Mailing Address 1575 SAN IGNACIO AVE SUITE 100 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0016950	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAUMGARD, DANIEL L 1575 SAN IGNACIO #100 MIAMI, FL 33146
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**DO NOT WRITE
IN THIS SPACE**

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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-filing)	DATE
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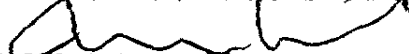
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BAUMGARD, DANIEL L. 1575 SAN IGNACIO AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAUMGARD, LORI A. 1575 SAN IGNACIO AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEPPARD, RALPH 1575 SAN IGNACIO AVE CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/19/06-80016-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 1/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #