

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M63446**

1. Entity Name  
**BAUMGARD DEVELOPMENT CORPORATION**



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**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0016950</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BAUMGARD, DANIEL L  
1575 SAN IGNACIO #100  
MIAMI, FL 33146**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	BAUMGARD, DANIEL L.
STREET ADDRESS	1575 SAN IGNACIO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VPD
NAME	BAUMGARD, LORI A.
STREET ADDRESS	1575 SAN IGNACIO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	S
NAME	SHEPPARD, RALPH
STREET ADDRESS	1575 SAN IGNACIO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Ralph Sheppard 2/19/08 305-661-0110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #