


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90376 030 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000053904</b> 1. Entity Name <b>BAYTOWN CORPORATION</b>			
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES, FL 33134	
901 Ponce de Leon Blvd Suite, Apt. # etc. 603		901 Ponce de Leon Blvd Suite, Apt. # etc. 603	
Coral Gables, FL 33134		Coral Gables, FL 33134	
33134 USA		33134 USA	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: <b>William H. Albornoz PA.</b> Street: <b>901 Ponce de Leon Blvd.</b> Suite: <b>603</b> City: <b>Coral Gables</b> FL <b>33134</b>	
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: <i>William H. Albornoz</i> (NOTE: Fee for Agent Signature required when registering)			
9. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: <input type="checkbox"/> Delete NAME: <b>DAVID TOUATI, JEAN CLAUDE</b> STREET ADDRESS: <b>C/O 901 PONCE DE LEON BLVD. SUITE 601</b> CITY-ST-ZIP: <b>CORAL GABLES, FL 33134</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 exemption stated in Section 119.07(3)(1), 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 information as required.			
SIGNATURE: <i>William H. Albornoz</i> DIRECTOR		Date: <i>05-01-2003</i> (305) 867-8723	

11038521



CHECK HERE IF MAKING CHANGES

4. FEI Number: **85-1133920**  
 Applied For:  Not Applicable

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

CR2E034 (10/02)