## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000075016**

1. Entity Name SCOTT L. BAENA, P.A.



03-08-2004 90025 032 \*\*\*150.00

Principal Place of Business

200 S BYSCAYNE BLVD STE 2500 MIAMI, FL 33131 Mailing Address

200 S BYSCAYNE BLVD STE 2500 MIAMI, FL 33131



**FILED** 

Mar 08, 2004 8:00 am Secretary of State

02132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1029745 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAENA, SCOTT L 200 SOUTH BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131-2336

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or regist	ered agent, or bo	th, in the State of Florida. I ar	n familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title II	applicable /NOTE Pagistore	d Agent signature requir	od whan rejectation)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing _ \$!	5.00 May Be	UNIL	
10.	OFFICERS AND DIREC	TORS		4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BAENA, SCOTT L 200 BISCAYNE BLVD., STE 2500 MIAMI, FL 331312336					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN :	THIS SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this fill	ing does not qualify for the exer	mption stated in S	Section 119.07(3)	(i), Florida Statutes. I further o	ertify that the information

12. I hereby certify that the information supplied with this fling 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 of supplemental inport is true 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

305-374-7580

Daytime Phone #