## 2006 FOR PROFIT CORPORATION

## FILED Feb 06, 2006 08:00 AM Socretory of State

	ANNUAL	REPURI		_	Secreta	ary of State	
1. Entity Nam	MENT # P010000461 BAKER, ATTORNEY AT LAV	N, P.A.					
	of Business TH AVE STE 202	Mailing Address 2937 SW 27TH AVE STE 202 MIAMI, FL 33133					
DO NOT WRITE IN THIS SPA			CE	01262008	No Chg-P	CR2E034 (11/05)	
L	O NOT WRITE	IN THIS SEA	CE	4. FEI Number 65-11090  5. Certificate of		Applied For Not Applicable  \$8.75 Additional	
<del></del> -	- ····		¬	y. Cerminate of	Diagos Desireo	Fee Required	
8. Name and Address of Current Registered Agent  BAKER, JEANNE 2937 SW 27TH AVE STE 202 MIAMI, FL 33133				DO NOT WRITE IN THIS SPACE			
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 life if exprincable. (NOTE, Registered Agent agrature required when reinstating)  DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00		ncing \$5.	00 May Be ed to Fees	U00000 02/1 <b>7/0</b> 8-	423169 80045-020 150.00	
10.	OFFICERS AND DIE	RECTORS	-1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BAKER, JEANNE 2937 SW 27TH AVE STE 202 MIAMI, FL 33133						
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V BAKER, JEANNE 2937 SW 27TH AVE STE 202 MIAMI, FL 33133						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WE	RITE	
TITLE NAME STREET ADDRESS CHY-S1-ZIP				IN T	HIS SP/	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
THRE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby cartily that the information supplied with this filling 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 cath, 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 afformation provided the empowered.							
SIGNATURE: Janul Jahr 1/31/06 305-4431600							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR