


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90211 045 \*\*\*150.00

<b>DOCUMENT # P01000071003</b>	
1. Entity Name CONQUEST OF SOUTH FLORIDA, INC.	

Principal Place of Business <del>18677 W. DIXIE HWY. #286</del> 1248 NE 180 ST NORTH MIAMI BEACH, FL <del>33180</del> 33162	Mailing Address <del>18677 W. DIXIE HWY. #286</del> 1248 NE 180 ST NORTH MIAMI BEACH, FL <del>33180</del> 33162
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54039267



04152004 No Chg-P CR2E034 (10/03)

### DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1637538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAAR, DONALD 20533 BISCAYNE BLVD #4N32b NORTH MIAMI BEACH, FL 33180
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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.

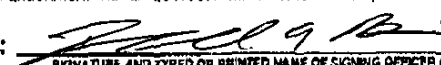
SIGNATURE:  10/0  
DATE: 

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BAAR, DONALD 18677 W. DIXIE HWY. #286 NORTH MIAMI BEACH, FL 33180
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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)(b), 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 empowerers.

**SIGNATURE:**  DONALD A. BAAR  
4-15-04 305.945.1610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #