


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90013 034 \*\*\*150.00

**DOCUMENT # P02000043881**

1. Entity Name  
**BAYBROOK ESTATES OF FLORIDA, INC.**



Principal Place of Business <b>3530 MYSTIC POINTE DRIVE, APT. 3215          AVENTURA, FL 33180</b>	Mailing Address <b>3530 MYSTIC POINTE DRIVE, APT. 3215          AVENTURA, FL 33180</b>
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0601150</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.  
 283 CATALONIA AVENUE, 2ND FLOOR  
 CORAL GABLES, FL 33134**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARADON CAPON, RUBEN JAIME 3530 MYSTIC POINTE DRIVE, APT. 3215 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHAR, REINA CAMHI 3530 MYSTIC POINTE DRIVE, APT. 3215 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXELROD, HANA BARADON 3530 MYSTIC POINTE DRIVE, APT. 3215 AVENTURA, 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)(i), 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:** Ruben Baradon **RUBEN BARADON** 2/11/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #