

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043881

FILED  
Jan 27, 2005  
Secretary of State

Entity Name: BAYBROOK ESTATES OF FLORIDA, INC.

**Current Principal Place of Business:**

3530 MYSTIC POINTE DRIVE, APT. 3215  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3530 MYSTIC POINTE DRIVE, APT. 3215  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 02-0601150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARADON CAPON, RUBEN JAIME  
Address: 3530 MYSTIC POINTE DRIVE, APT. 3215  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: BEHAR, REINA CAMHI  
Address: 3530 MYSTIC POINTE DRIVE, APT. 3215  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: AXELROD, HANA BARADON  
Address: 3530 MYSTIC POINTE DRIVE, APT. 3215  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARADON CAPON

D

01/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date