2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM DOCUMENT # P02000116090 **Secretary of State** 1. Entity Name BAIGS, INC. Principal Place of Business Mailing Address **188 N UNIVERSITY DR** 188 N UNIVERSITY DR PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 No Chg-P CR2E034 (10/03) 04302004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2186789 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAIG, SAFIULLAH DO NOT WRITE 6631 COOLIDGE STREET HOLLYWOOD, FL 33024 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. Scrature, typed yed agent and title if applical \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 · 🗖 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE BAIG, SAFIULLAH NAME STREET ADDRESS 6631 COOLIDGE STREET CITY-ST-ZIP HOLLYWOOD, FL 33024 MLE U00000155436 05/05/04-80036-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRUET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of statisher enter that I am an officer or director of the corporation or the receiver of 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 withlan address, with all other like empowered.

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