

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-09-2004 90040 034 ***150.00

DOCUMENT # P03000019547					
1. Entity Name BARON & COMPANY REALTY GROUP, INC.					
Principal Place of Business 5400 S. UNIVERSITY DR STE 910 DAVIS FL 33328 4520 NE 18 AVE, #100 FORT LAUDERDALE, FL 33334			Mailing Address P.O. BOX 224028 HOLLYWOOD FL 33022		
2. Principal Place of Business 4520 NE 18 AVE			3. Mailing Address SAME AS ABOVE		
Suite, Apt. #, etc. 100			Suite, Apt. #, etc.		
City & State FORT LAUDERDALE, FL			City & State		
Zip 33334		Country BROWARD		Zip	
Country		Zip		Country	
4. FEI Number 54-2099384				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALZER, MARK 9208 NW 72 ST TAMARAC FL 33321					
7. Name and Address of New Registered Agent Name MARK - WALZER Street Address (P.O. Box Number is Not Acceptable) 4520 NE 18 AVE #100 City FORT LAUDERDALE, FL Zip Code 33334					
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 <u>Mark Walzer</u> DATE <u>3/4/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	DP	WALZER, MARK	9208 NW 72 ST		
		TAMARAC FL 33321			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
Empty rows for additions/changes					
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: <u>Mark Walzer</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					