


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90021 012 ***150.00

DOCUMENT # P03000046597

1. Entity Name
BARET & ASSOCIATES, P.A.



Principal Place of Business
**4020 SHERIDAN STREET, SUITE B
 HOLLYWOOD, FL 33021**

Mailing Address
**4020 SHERIDAN STREET, SUITE B
 HOLLYWOOD, FL 33021**



2. Principal Place of Business
4020 Sheridan St.

3. Mailing Address
4020 Sheridan St, Suite B

Suite, Apt. #, etc.
B

City & State
Hollywood FL

Zip
33021

03052004 Chg-P CR2E034 (10/03)

4. FEI Number
41-2093483

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARET, ILAN ESQ
 4020 SHERIDAN STREET, SUITE B
 HOLLYWOOD, FL 33021**

DEP E

7. Name and Address of New Registered Agent

Name **ILAN BARET**

Street Address (P.O. Box Number is Not Acceptable) **4020 Sheridan St, Suite B**

City **Hollywood FL** Zip Code **33021**

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.

NO CHANGE TO REGISTERED AGENT

SIGNATURE _____ DATE **03/05/04**

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 | D <input type="checkbox"/> Delete |
| NAME | BARET, ILAN |
| STREET ADDRESS | 4020 SHERIDAN STREET, SUITE B |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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)(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: *[Signature]* DATE: **03/05/04** DAYTIME PHONE #: **X 954 981 3372**