


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	
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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
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2. Principal Place of Business 4020 Sheridan St. Suite, Apt. #, etc. B City & State Hollywood FL Zip 33021	3. Mailing Address 4020 Sheridan St, Suite B Suite, Apt. #, etc. B City & State Hollywood FL Zip 33021
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	03052004 Chg-P CR2E034 (10/03)
4. FEI Number 41-2093483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARET, ILAN ESQ 4020 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name <u>Ilan Baret</u> Street Address (P.O. Box Number is Not Acceptable) <u>4020 Sheridan St, Suite B</u> City <u>Hollywood</u> FL Zip Code <u>33021</u>
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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 NO CHANGE TO REGISTERED AGENT **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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARET, ILAN 4020 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #** 954 3372