


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90074 035 ***150.00

DOCUMENT # P03000055994			
1. Entity Name BAEZ ACCOUNTING CORP.			
Principal Place of Business 6445 SW 130 PLACE #601 MIAMI, FL 33183		Mailing Address 6445 SW 130 PLACE #601 MIAMI, FL 33183	
2. Principal Place of Business 11420 SW 122nd PL Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 162453 Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186		Country USA	
Zip 33116		Country USA	
6. Name and Address of Current Registered Agent BAEZ, MARIA L 6445 SW 130 PLACE #601 MIAMI, FL 33183		7. Name and Address of New Registered Agent Name WENCESLAO R. BAEZ, JR. Street Address (P.O. Box Number is Not Acceptable) 11420 SW 122nd PLACE City MIAMI FL Zip Code 33186	
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 <i>Wenceslao R. Baez</i> - WENCESLAO R. BAEZ, JR. (PRESIDENT)		DATE 2/23/05	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BAEZ, WENCESLAO R JR.		NAME	
STREET ADDRESS 6445 SW 130 PLACE #601		STREET ADDRESS P.O. BOX 162453	
CITY-ST-ZIP MIAMI, FL 33183		CITY-ST-ZIP MIAMI, FL 33116	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Wenceslao R. Baez</i> WENCESLAO R. BAEZ, JR.		DATE: 2/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # (786) 319-2928	