2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000008012 1. Entity Name BARON INTERNATIONAL HOLDINGS, INC.

FILED Mar 22, 2004 08:00 AM Secretary of State

		:				
Principal Place	e of Business N	failing Address	<u> </u>			
P.O. BOX 20: SARASOTA, P		1820 RINGLING BOULEVARD SARASOTA, FL 34236				
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-	A NOT WOITE I	^ 	01222004 No Chg-P CR2E034 (10/03)			
DO NOT WRITE IN THIS SPAC			UE .	4. FEI Number Applied For 65-0395446 Not Applicable		
·					of Status Desired _ []	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						r ee requires
HANKIN, LAWRENCE M				DO NOT WRITE		
	SLING BOULEVARD 'A, FL 34236					
-			IN THIS SPACE			
			<u></u>			
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_ Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finance After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			neing \$5	.00 May Be led to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME	P OHMAN, NELSON P		1	,	i oniconomica a ac	3.4
STREET ADDRESS	4401G ASHTON ROAD	U9000094432 03/22/04-8005 9- 022 150.00				
TITLE	SARASOTA, FL 34233		-		. –	
NAME						
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CITY-ST-ZIP					NOT WRIT	
TITLE NAME				IN .	THIS SPAC	E
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CHY-ST-ZIP			-			
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE		Author to the Control of the Control	Te 'Se			
NAME STREET ADDRESS						
CSTY-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 Statities. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agoress, with all other like empowered.

SIGNATURE: