

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 028 ***150.00

DOCUMENT # P93000033916

1. Entity Name
THE BAYLIS CORPORATION



Principal Place of Business

**500 15ST # 1
MIAMI BEACH FL 33139 US**

Mailing Address

**500 15ST
SUITE ONE
MIAMI BEACH FL 33139 US**

2. Principal Place of Business

**403 NE 23rd ST
Suite, Apt. #, etc.**

3. Mailing Address

**403 NE 23rd ST
Suite, Apt. #, etc.**

City & State

**MIAMI FL
33137**

Country

City & State

**MIAMI FL
33137**

Country

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0412663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REGENTS PARK PROPERTY INC.
500 15ST #1
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

**REGENTS PARK INVESTMENTS LLC
403 NE 23rd ST.
MIAMI FL 33137**

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

MALLORY KAUDERER

4/20/04

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P	<input checked="" type="checkbox"/> Delete
NAME	KAUDERER, MALLORY	
STREET ADDRESS	500 15ST #1	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLM, PAUL	
STREET ADDRESS	500 15TH ST #1	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDERER, MALLORY	
STREET ADDRESS	403 NE 23rd ST.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLM, PAUL	
STREET ADDRESS	403 NE 23rd ST.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, TOM	
STREET ADDRESS	403 NE 23rd ST.	
CITY-ST-ZIP	MIAMI FL 33137	
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:

MALLORY KAUDERER

4/20/04 305-573-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #