

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 020 ***150.00

DOCUMENT # P97000050698

1. Entity Name
THERREL BAISDEN, P.A.



Principal Place of Business
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVE, #2400
MIAMI, FL 33131

Mailing Address
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVE, #2400
MIAMI, FL 33131



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0774635	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

DANIELS, NICHOLAS M
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVE, #2400
MIAMI, FL 33131

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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 _____ DATE _____
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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, FRED R ONE S.E. 3RD AVENUE, #2400 MIAMI, FL 33131	Please Omit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, DANIELS ONE S.E. 3RD AVENUE, #2400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLEN, ROSE ONE S.E. 3RD AVENUE, #2400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: 2/9/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR