


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000075376**  
 1. Entity Name  
 OUT A MIND, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 121 ALHAMBRA PLAZA 121 ALHAMBRA PLAZA  
 PENTHOUSE I, SUITE 1600 PENTHOUSE I, SUITE 1600  
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0782709 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RENTZ, R. LARRY  
 121 ALHAMBRA PLAZA  
 PENTHOUSE I, SUITE 1600  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PD MORRIS, W. ALLEN 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELL, JAMES F JR. 1160 JOHNSON FERRY ROAD ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GIL, YAZMIN 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRAHAM, DALE I 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000195676  
 01/26/05-80037-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: YAZMIN GIL, TREASURER 1/17/2005 305-443-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #