2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P97000106407 1. Entity Name BAYWIN CORP. 04-30-2004 90347 045 ***150.00 Principal Place of Business Mailing Address 5325 GREENWOOD AVE #302 5325 GREENWOOD AVE #302 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Numbe Applied For 59-3495006 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Harry Bayron MIRKIN, MARK H MIRKIN & WOOLF, P.A. Street Address (P.O. Box Number is Not Acceptable) 1700 PALM BEACH LAKES BLVD, #580 WEST PALM BEACH, FL 33401 5325 Greenwood Ave #302 West Palm Beach 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 prin diagent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D JITLE Delete TITLE □ Change * Addition NAME BAYRON, HARRY NAME STREET ADDRESS 5325 GREENWOOD AVE #302 STREET ADDRESS CITY-ST-ZIP WEST PALM BEÁCH, FL 33407 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WINTHROP, NEIÉ T NAME NAME STREET ADDRESS 134 SEVILLA AVE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP ☐ Delete TITI F □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dèlete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ 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. 1/0/04 SIGNATURE: SIGNATURE AND TYPE NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED