


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90090 035 ***150.00

DOCUMENT # P98000012126			
1. Entity Name BAEZ LOCKSMITH, INC.			
Principal Place of Business 9727 HAMMOCKS BLVD #101 MIAMI, FL 33196		Mailing Address 9727 HAMMOCKS BLVD #101 MIAMI, FL 33196	
2. Principal Place of Business 9727 HAMMOCKS BLVD Suite, Apt. #, etc. 101		3. Mailing Address P.O. BOX 960027	
City & State Miami FLORIDA		City & State Miami FLORIDA	
Zip 33196		Country U.S.A.	
Zip 33290-0027		Country U.S.A.	
4. FEI Number 65-0248028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAEZ, LUIS P 9727 HAMMOCKS BLVD #101 MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	BAEZ, LUIS P <input type="checkbox"/> Delete	TITLE PD	BAEZ, LUIS P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9727 HAMMOCKS BLVD #101		STREET ADDRESS P.O. BOX 960027	
CITY-ST-ZIP MIAMI, FL 33196		CITY-ST-ZIP Miami FL, 33290-0027	
TITLE VSD	GONZALEZ, EVELYN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9727 HAMMOCKS BLVD #101		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33196		CITY-ST-ZIP	
TITLE SD	BAEZ, JUAN A <input type="checkbox"/> Delete	TITLE SD	BAEZ, JUAN A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9727 HAMMOCKS BLVD		STREET ADDRESS P.O. BOX 960027	
CITY-ST-ZIP MIAMI, FL 33196		CITY-ST-ZIP Miami FL, 33290-0027	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: <u>Juan A Baez</u> PRESIDENT		Date: 02/28/05 (305) 412-4289	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	