

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90263 048 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000096084

1. Entity Name
BAIRD & VERSTER, P.A.



Principal Place of Business
10271 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173 US

Mailing Address
10271 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173 US

24058653



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-2358210

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERSTER, MARTYN W.D.
10271 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173

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

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

(NOTE: Registered Agent signature required when reappointing)

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
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
VERSTER, MARTYN W.D.
10271 SUNSET DRIVE, SUITE 103
MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
BAIRD, LISA A
10271 SUNSET DRIVE, SUITE 103
MIAMI, FL 33173 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-04 305 279 2713