


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90021 012 \*\*\*150.00

**DOCUMENT # P03000046597**

1. Entity Name  
**BARET & ASSOCIATES, P.A.**



Principal Place of Business  
**4020 SHERIDAN STREET, SUITE B  
 HOLLYWOOD, FL 33021**

Mailing Address  
**4020 SHERIDAN STREET, SUITE B  
 HOLLYWOOD, FL 33021**



2. Principal Place of Business  
*4020 Sheridan St.*

3. Mailing Address  
*4020 Sheridan St, Suite B*

Suite, Apt. #, etc.  
*B*

City & State  
*Hollywood FL*

Zip  
*33021*

03052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**41-2093483**

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

6. Name and Address of Current Registered Agent  
**BARET, ILAN ESQ  
 4020 SHERIDAN STREET, SUITE B  
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
 Name: **ILAN BARET**  
 Street Address (P.O. Box Number is Not Acceptable): **4020 Sheridan St, Suite B**  
 City: **Hollywood FL** Zip Code: **33021**

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.

**NO CHANGE TO REGISTERED AGENT**

SIGNATURE: \_\_\_\_\_ DATE: **03/05/04**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME BARET, ILAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4020 SHERIDAN STREET, SUITE B	CITY-ST-ZIP HOLLYWOOD, FL 33021	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	
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CITY-ST-ZIP		CITY-ST-ZIP	
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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: *[Signature]* DATE: **03/05/04** Daytime Phone #: **X 954 981 3372**