


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # G26878 1. Entity Name BISCAYNE BUILDING, INC.	
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Principal Place of Business STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI, FL 33130	Mailing Address STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2260173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIORINI, DANTE
STE. 310 BISCAYNE BLDG.
19 W FLAGLER ST
MIAMI, FL 33130

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IN THIS SPACE**

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, 2007 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	DP FIORINI, DANTE M 3506 BAYSHORE VILLAS DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIORINI, ODESSA W 3506 BAYSHORE VILLAS DR MIAMI, FL 33133
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02/22/07-80031-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dante M. Fiorini *Dante M. Fiorini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb. 12, '07 Daytime Phone #: (305) 358-1505

DANTE M. FIORINI