


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90052 007 ****61.25

DOCUMENT # N00000006314

1. Entity Name
BAYVIEW PARK BEAUTIFICATION, INC.



40018044



Principal Place of Business
**C/O CHRISTIAN DUHAIME
 2701 NE 33RD ST
 FT LAUDERDALE, FL 33306**

Mailing Address
**C/O CHRISTIAN DUHAIME
 2701 NE 33RD ST
 FT LAUDERDALE, FL 33306**

3. Principal Place of Business
To KINKER 2929 E. Comm. Blvd

3. Mailing Address
To KINKER 2929 E Comm. Blvd

Suite, Apt. #, etc.
208

City & State
FT LAUD FL

City & State
FT LAUD FL

Zip
33308

Country
BROWARD

Zip
33308

Country
BROWARD

02032005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1046562

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DUHAIME, CHRISTIAN
 C/O CHRISTIAN DUBAIME
 2701 NE 33RD ST
 FT LAUDERDALE, FL 33306**

7. Name and Address of New Registered Agent

Name
LEONARD KINKER CPA

Street Address (P.O. Box Number is Not Acceptable)
2929 EAST COMMERCIAL BLVD #208

City
FT LAUD

State
FL

Zip Code
33308

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 *Leonard Kinker* DATE 2/12/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, SHARON 2609 NE 33RD ST FT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUHAIME, CHRISTIAN 2609 NE 33RD ST FT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINKER, LEONARD 2929 E COMMERCIAL BLVD FT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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: *Leonard Kinker* DATE 2/11/05 954-315-7160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #