


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90019 001 \*\*\*\*61.25

**DOCUMENT # N00000006314**  
1. Entity Name  
**BAYVIEW PARK BEAUTIFICATION, INC.**



Principal Place of Business Mailing Address  
C/O KINKER 2767 E. PARKLAND AVE. BLVD 4710 NE 26 AVE  
305 FORT LAUDERDALE FL 33306



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**4710 NE 26 AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**FT LAUDERDALE FL**

Zip Country Zip Country  
**33308 US**

1st MOORE CR2E037 (10/07)  
4. FEI Number **65-1046562**  
Applied For Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINKER, LEONARD**  
**4710 NE 26TH AVE.**  
**FORT LAUDERDALE FL 33308**

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 applicable if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	O'CONNOR, SHARON
STREET ADDRESS	2609 NE 33RD ST
CITY-ST-ZIP	FT LAUDERDALE FL 33306
TITLE	<input type="checkbox"/> Delete
NAME	KINKER, LEONARD
STREET ADDRESS	2929 E COMMERCIAL BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33306
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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* **1/25/08** **984 772 7220**