


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 016 ***150.00


DOCUMENT # P03000079992

1. Entity Name
BIANGIES, INC.



Principal Place of Business 10845 SOUTHWEST 112TH AVENUE UNIT 211 MIAMI, FL 33176 33176	Mailing Address 10845 SOUTHWEST 112TH AVENUE UNIT 211 MIAMI, FL 33176 33176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEROY, DOMINIQUE M
169 EAST FLAGLER STREET
SUITE 1428
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name *Grace Isakowitz*

Street Address (P.O. Box Number is Not Acceptable)
10845 SW 112 Ave # 211

City *Miami* FL Zip Code *33176*

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: *G Isakowitz* (NOTE: Registered Agent signature required when reinstating) DATE: *04/05/04*

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAKOWITZ, GRACE <input type="checkbox"/> Delete 10845 SOUTHWEST 112TH AVE., UNIT 211 MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVIZ, RAMONA M <input type="checkbox"/> Delete 10845 SOUTHWEST 112TH AVE., UNIT 211 MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *G Isakowitz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *04/05/04* Daytime Phone #: *305 2709785*