2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000011465

1. Entity Name

BISCAY CONSTRUCTION CO.



FILED Apr 12, 2005 08:00 AM Secretary of State

Principal Place of Business

7225 NW 25TH STREET

SUITE 110

MIAMI, FL 33122

Mailing Address

7225 NW 25TH STREET SUITE 110

MIAMI, FL 33122



DO	NOT	WRITE	IN	THIS	SPACE
	1101	*****			

04042003		No ong-i	Of IELECOT ((10/00)			
4.	FEI Number				Applied For		
	65-03815	97			Not Applicat		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRONDIN, G E 7225 NW 25TH STREET SUITE 110 MIAMI, FL 33122

TITLE NAME STREET ADDRESS GITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

·					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registered	Agent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D GRONDIN, G E 7225 NW 25TH ST, SUITE 110 MIAMI, FL 33122	TORS		-	U00880300720 04/13/05-80082-014 150.00
TITLE NAME STREET AODRESS CITY-ST-ZIP	D GRONDIN, MARY S 7225 NW 25TH ST, SUITE 110 MIAMI, FL 33122				
FITLE Name Street address City-St-Zip	D GRONDIN, CRAIG W 7225 NW 25TH ST, SUITE 110 MIAMI, FL 33122			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 addressy with all other like empowered.

changed, or	on arrauachment	with su godies	ssy with an	Other his	à amboweis:
	_		// 4	/	•

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

305-592-7090

paytimo Phone #