

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90284 008 \*\*\*150.00

**DOCUMENT # P99000064141**

1. Entity Name  
**BIARRITZ APT. CORPORATION**



Principal Place of Business  
**9882 E. BAY HARBOR DRIVE, #2  
 BAY HARBOR ISLAND FL 33154**

Mailing Address  
**POST OFFICE BOX 546272  
 SURFSIDE FL 33154**

2. Principal Place of Business  
**950 BIARRITZ DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 414291**  
 Suite, Apt. #, etc.  
**Miami Beach FL**

City, & State  
**Miami Beach FL**

City & State  
**33141**

Zip  
**33141** Country **Dade**

Zip  
**33141** Country **Dade**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**HUBER, LYNETTE**  
**9882 E. BAY HARBOR DRIVE, #2**  
**BAY HARBOR ISLAND FL 33154**

7. Name and Address of New Registered Agent

Name  
**Huber, Lynnette**

Street Address (P.O. Box Number is Not Acceptable)  
**950 Biarritz Dr. #4**

City  
**Miami Beach**

City  
**FL** Zip Code  
**33141**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE P NAME HUBER, KARL STREET ADDRESS 9882 E. BAY HARBOR DRIVE, #2 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154	<input type="checkbox"/> Delete
TITLE V NAME HUBER, LYNETTE STREET ADDRESS 9882 E. BAY HARBOR DRIVE, #2 CITY-ST-ZIP BAY HARBOR ISLAND FL 33154	<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 P NAME HUBER, KARL STREET ADDRESS 950 BIARRITZ DR. #4 CITY-ST-ZIP MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME HUBER, LYNETTE STREET ADDRESS 950 BIARRITZ DR. #4 CITY-ST-ZIP MIAMI BEACH FL 33141	<input checked="" 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
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: Lynnette Huber (Lynnette Huber) 4/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #