

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90189 001 ***150.00
 04-20-2007 90189 002 *****8.75

66010247



04172007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000064141
 1. Entity Name
BIARRITZ APT. CORPORATION



Principal Place of Business
**950 BIARRITZ DR.
 MIAMI BEACH, FL 33141**

Mailing Address
**P.O. BOX 414291
 MIAMI BEACH, FL 33141**

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

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

City & State
 City & State

Zip Country
 Zip Country

4. FEI Number
65-0938361

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~HUBER, LYNETTE~~
**1313 PONCE DE LEON BLVD., #301
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
 Name
Wahlgren, Lynnette Castillo
 Street Address (P.O. Box Number is Not Acceptable)
1313 Ponce De Leon Blvd. #301
Coral Gables,
 City
FL Zip Code
33134

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 *Sydney Wahlgren* DATE 4/17/07
Signature of the registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME HUBER, LYNETTE	
STREET ADDRESS 1313 PONCE DE LEON BLVD., #301	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE President	<input type="checkbox"/> Delete
NAME Wahlgren, Lynnette Castillo	
STREET ADDRESS 1313 Ponce De Leon Blvd #301	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Wahlgren, Lynnette Castillo	
STREET ADDRESS 1313 Ponce De Leon Blvd #301	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

President last name has been changed from Lynnette Huber to: Lynnette Castillo Wahlgren see block # 11

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Sydney Wahlgren* DATE: 4/17/07 DAYTIME PHONE #: 786 301 0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR