

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

05-03-2004 90419 043 ***150.00

DOCUMENT # P02000030623 1. Entity Name 9420 BAY DRIVE DEVELOPMENT I, CORP.					
Principal Place of Business 2655 Le Jeune Rd Ste 326 Mailing Address 9420 W BAY HARBOR DR Coral Gables, FL 33134 2742 BISCAYNE BLVD BAY HARBOR ISLAND, FL 33154 MIAMI, FL 33137					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number APPLIED FOR 651147224					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR 999 BRICKELL AVE, STE 700 MIAMI, FL 33131					
7. Name and Address of New Registered Agent Name Jacqueline Rodriguez Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road Ste 326 Coral Gables, FL 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 Jacqueline Rodriguez DATE 4/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUKMAN, EDUARDO 9420 W BAY HARBOR DR BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRISTIAN MANSILLA, GUILLERMO 9420 W BAY HARBOR DR BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZALESKI, ALEJANDRO 9420 W BAY HARBOR DR BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULER, ADOLFO 9420 W BAY HARBOR DR BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete	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"/> Delete	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: Jacqueline Rodriguez (POA) DATE 4/30/04 PHONE 305 350 0725 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66429453



04302004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 651147224

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISALES-RACINI, OSCAR
999 BRICKELL AVE, STE 700
MIAMI, FL 33131

Jacqueline Rodriguez
2655 Le Jeune Road
Ste 326
Coral Gables, FL 33134

Name Jacqueline Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road
Ste 326 Coral Gables
FL 33134

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Signature, typed or printed name of registered agent and title if applicable.

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NAME
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CITY-ST-ZIP

P
BRUKMAN, EDUARDO
9420 W BAY HARBOR DR
BAY HARBOR ISLAND, FL 33154

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
CRISTIAN MANSILLA, GUILLERMO
9420 W BAY HARBOR DR
BAY HARBOR ISLAND, FL 33154

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
ZALESKI, ALEJANDRO
9420 W BAY HARBOR DR
BAY HARBOR ISLAND, FL 33154

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

S
MULER, ADOLFO
9420 W BAY HARBOR DR
BAY HARBOR ISLAND, FL 33154

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

Jacqueline Rodriguez (POA)

4/30/04 305 350 0725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #