

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90333 001 \*\*\*\*75.00  
 04-29-2005 90333 002 \*\*\*\*75.00

00014000



01212005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 582528</b>					
1. Entity Name 300 - 500 BAYVIEW, INC.					
Principal Place of Business C/O OFFICE 500 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160-4748			Mailing Address C/O OFFICE 500 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160-4748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1837869	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELDMAN, MICHAEL K. 1111 KANE CONCOURSE #200 BAY HARBOR ISLANDS, FL 33154			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retuming)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENWALD, ALAN		NAME		
STREET ADDRESS	300 BAYVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZUCKER, CHARLES		NAME		
STREET ADDRESS	300 BAYVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REISERT, FRED		NAME		
STREET ADDRESS	500 BAYVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENFELD, GENE		NAME		
STREET ADDRESS	500 BAYVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Alan R. Greenwald</i>		Date: <i>4/27/05</i>		Daytime Phone #: <i>305-944-2348</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	