


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90290 001 \*\*\*\*75.00  
 06-05-2006 90290 002 \*\*\*\*75.00

**DOCUMENT # 582528**  
 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

66017927



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

02222006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-1837869  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 FELDMAN, MICHAEL K.  
 1111 KANE CONCOURSE  
 #200  
 BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 NAME: GREENWALD, ALAN STREET ADDRESS: 300 BAYVIEW DR CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: ZUCKER, CHARLES STREET ADDRESS: 300 BAYVIEW DR CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE: S NAME: REISERT, FRED STREET ADDRESS: 500 BAYVIEW DRIVE CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: ROSENFELD, GENE STREET ADDRESS: 500 BAYVIEW DRIVE CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input checked="" 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: PRESIDENT NAME: WEINER, BENJAMIN H. STREET ADDRESS: 500 BAYVIEW DRIVE CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TREASURER NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE-PRESIDENT NAME: JOEL S. FRANK STREET ADDRESS: 300 BAYVIEW DRIVE CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SECRETARY NAME: ANDRE RISI STREET ADDRESS: 500 BAYVIEW DRIVE CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input checked="" 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 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: Joel S Frank 5/1/06 (305) 944-2348  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #