

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90040 001 ***275.00
 05-11-2007 90040 002 ***275.00

66014378



05042007 Chg-P CR2E034 (12/06)

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				
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 59-1837869			
				Applied For Not Applicable			
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 _____ (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WEINER, BENJAMIN H		NAME				
STREET ADDRESS	500 BAYVIEW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP				
TITLE	T	<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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRANK, JOEL S		NAME				
STREET ADDRESS	300 BAYVIEW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RISI, ANDRS		NAME				
STREET ADDRESS	500 BAYVIEW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI 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 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: <i>Charles M. Zucker</i>			5/11/07		(305) 944-2348		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		