

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000096559

**Entity Name:** BISCAYNE BAY 6007 CORP.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARED AND ASSOCIATES, P.A.  
201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name JUNQUERA, ANGEL  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name JUNQUERA FERNANDEZ, ANGEL  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name JUNQUERA FERNANDEZ, MAURICIO  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name JUNQUERA, TAMARA  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAMARA JUNQUERA

**MANAGER**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date