

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 006518**  
 1. Entity Name  
**BISCAYNE ENGINEERING COMPANY, INC.**



Principal Place of Business      Mailing Address  
**529 WEST FLAGLER STREET**      **529 WEST FLAGLER STREET**  
**BOX 1164**      **BOX 1164**  
**MIAMI FL 33130**      **MIAMI FL 33130**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-0165220**      Not Applicable

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



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**BOLTON, GEORGE C**  
**314 ARIZONA STREET**  
**HOLLYWOOD FL 33019**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**B.** 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	FERRER, BEATRIZ	
STREET ADDRESS	20400 S.W. 49 COURT	
CITY- ST- ZIP	FORT LAUDERDALE FL 33332	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOLTON, GEORGE C	
STREET ADDRESS	314 ARIZONA STREET	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BOLTON, MARY E	
STREET ADDRESS	314 ARIZONA STREET	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, MICHAEL	
STREET ADDRESS	6640 BLUE BAY CIRCLE	
CITY- ST- ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SELVIN, BRUCE	
STREET ADDRESS	16110 S.W. 154 AVENUE	
CITY- ST- ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALABRESE, MELISSA	
STREET ADDRESS	12858 80TH LANE NORTH	
CITY- ST- ZIP	WEST PALM BEACH FL 33412	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Beatriz Ferrer      Beatriz Ferrer      2/6/04      (305) 324-7671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #