2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 168108

FILED Feb 27, 2009 Secretary of State

Entity Name: BISCAYNE AWNING & SHADE CO INC

Current P	Principal Place	of Business:	New Principal Place	of Business:
S11 NW 5 MIAMI, FL				
Current N	lailing Address	s:	New Mailing Addres	ss:
S11 NW 5 MIAMI, FL				
El Number	: 59-0668523	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
311 NW 5				
VIIAIVII, FL	33128 US			
The above		ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity s e of Florida. RE:			ed office or registered agent, or both,
The above n the Stat SIGNATU	e named entity s e of Florida. RE: Electroni	c Signature of Registered Ag		ed office or registered agent, or both, Date
The above n the Stat SIGNATU	e named entity s e of Florida. RE: Electroni			
The above n the Stat SIGNATU	e named entity s e of Florida. RE: Electroni	c Signature of Registered Ag Trust Fund Contribution ().	ent	
The above n the Stat SIGNATU	e named entity see of Florida. RE: Electroni mpaign Financing S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete DO,	ent	Date
The above n the State SIGNATU Election Ca OFFICER Vittle: Vame: Address:	e named entity s e of Florida. RE: Electroni mpaign Financing S AND DIRECT PSDT () PEREZ,CONRAI 611 NW 5TH ST MIAMI, FL 3312	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete DO, 8 US Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONRADO PEREZ PSDT 02/27/2009