

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 170380
 1. Entity Name
 BISCAYNE MORTGAGE COMPANY, INCORPORATED



Principal Place of Business: 10 PINTA ROAD MIAMI, FL 33133
 Mailing Address: 10 PINTA ROAD MIAMI, FL 33133



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0027274 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MEDVIN, PHILIP
 10 PINTA ROAD
 MIAMI, FL 33133

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

00000177502
 01/11/05-80048-004 8.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEDVIN, PHILIP
STREET ADDRESS	10 PINTA RD.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	MEDVIN, IRIS
STREET ADDRESS	10 PINTA RD.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	MEDVIN, ABRAHAM c/o Philip Medvin, ATTY
STREET ADDRESS	4112 Aurora Street
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	TD
NAME	MEDVIN, JOSHUA
STREET ADDRESS	1779 MICANOPY AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.