


2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/1 **FILED**
Mar 10, 2008 8:00 am
Secretary of State

02-14-2008 90014 047 ***158.75

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
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66002979



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0027274	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

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 reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDVIN, PHILIP 10 PINTA RD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDVIN, IRIS 10 PINTA RD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDVIN, ABRAHAM. % PHILLIP MEDVIN 4112 AURORA STREET CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEDVIN, JOSHUA 1779 MICANOPY AVE. 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 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: [Signature] **3/7/2008** **305-448-3302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #