


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90236 031 \*\*\*150.00

**DOCUMENT # 411883**

1. Entity Name  
**BISCAYNE BAY PAINT CORP**



Principal Place of Business: **1118 NORMANDY DR. MIAMI BCH., FL 33141**

Mailing Address: **1118 NORMANDY DR. MIAMI BCH., FL 33141**

**14021892**



**DO NOT WRITE IN THIS SPACE**

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-1426099** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent

**REGUEIRA, JESUS**  
**1118 NORMANDY DRIVE**  
**MIAMI BCH, FL**  
**MIAMI BCH, FL 33141**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	REGUEIRA, JESUS JR.
STREET ADDRESS	1118 NORMANDY DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	P
NAME	REGUEIRA, JESUS
STREET ADDRESS	1118 NORMANDY DRIVE
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(l), 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:** *Jesus Regueira* **Jesus Regueira** **4/23/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #