


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 544507 1. Entity Name BISCAYNE NATIONAL CORP.	
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Principal Place of Business 1111 BRICKELL AVENUE SUITE 2150 MIAMI FL 33131 US	Mailing Address 1111 BRICKELL AVENUE SUITE 2150 MIAMI FL 33131 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-1766454
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent BAUMAN, LEROY 1111 BRICKELL AVENUE SUITE 2150 MIAMI FL 33131	7. Name and Address of New Registered Agent Name _____ Street Address (P O Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	SHAPIRO, ARTHUR M.D.
STREET ADDRESS	1111 BRICKELL AVENUE, STE. 2150
CITY - ST - ZIP	MIAMI FL 33131
TITLE	SD <input type="checkbox"/> Delete
NAME	BAUMAN, LEROY
STREET ADDRESS	1111 BRICKELL AVE., 2150
CITY - ST - ZIP	MIAMI FL 33131
TITLE	PD <input type="checkbox"/> Delete
NAME	WALLACE, MILTON J
STREET ADDRESS	1111 BRICKELL AVENUE, STE. 2150
CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	U00000216183
STREET ADDRESS	02/05/05-60038-019 150.00
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 19.07(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: *Milton J Wallace* **MJW** Date: **2/1/05** Daytime Phone #: **305-444-9881**