


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 544507</b>	
1. Entity Name <b>BISCAYNE NATIONAL CORP.</b>	

Principal Place of Business <b>1111 BRICKELL AVENUE SUITE 2150 MIAMI FL 33131 US</b>	Mailing Address <b>1111 BRICKELL AVENUE SUITE 2150 MIAMI FL 33131 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>BAUMAN, LEROY 1111 BRICKELL AVENUE SUITE 2150 MIAMI FL 33131</b>	Name Street Address (P O Box Number is Not Acceptable) City
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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.
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SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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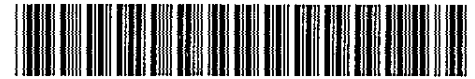
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAPIRO, ARTHUR M.D. 1111 BRICKELL AVENUE, STE. 2150 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUMAN, LEROY 1111 BRICKELL AVE., 2150 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, MILTON J. 1111 BRICKELL AVENUE, STE. 2150 MIAMI FL 33131	<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE:	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-1766454</b>	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

Name	Street Address (P O Box Number is Not Acceptable)	City	FL	Zip Code
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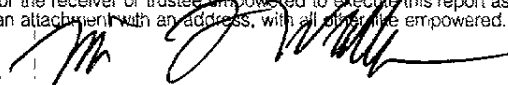
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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1/27/06 305-444-9991