

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544507

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: BISCAYNE NATIONAL CORP.

**Current Principal Place of Business:**

1111 BRICKELL AVENUE  
SUITE 2150  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 BRICKELL AVENUE  
SUITE 2150  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 59-1766454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAUMAN, LEROY  
1111 BRICKELL AVENUE  
SUITE 2150  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SHAPIRO, ARTHUR M.D.,  
Address: 1111 BRICKELL AVENUE, STE. 2150  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: BAUMAN, LEROY,  
Address: 1111 BRICKELL AVE., 2150  
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete  
Name: WALLACE, MILTON J,  
Address: 1111 BRICKELL AVENUE, STE. 2150  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WALLACE, MILTON J  
Address: 1111 BRICKELL AVENUE, STE. 2150  
City-St-Zip: MIAMI, FL 33131

Title: SD (X) Change ( ) Addition  
Name: BAUMAN, LEROY  
Address: 1111 BRICKELL AVE., 2150  
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change ( ) Addition  
Name: SHAPIRO, ARTHUR M.D.  
Address: 1111 BRICKELL AVENUE, STE. 2150  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON J WALLACE

P

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date