

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582528

Entity Name: 300 - 500 BAYVIEW, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

C/O OFFICE
500 BAYVIEW DRIVE
NORTH MIAMI BEACH, FL 331604748

Current Mailing Address:

C/O OFFICE
500 BAYVIEW DRIVE
NORTH MIAMI BEACH, FL 331604748

New Principal Place of Business:

C/O OFFICE
500 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 331604748

New Mailing Address:

C/O OFFICE
500 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 331604748

FEI Number: 59-1837869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NURY VAZQUEZ - PROP. MG
500 BAYVIEW DRIVE
MANAGEMENT OFFICE
SUNNY ISLES BEACH, FL 33160 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: T () Delete
Name: PIMENTEL, RICHIE
Address: 500 BAYVIEW DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P () Delete
Name: THOMAS, KEVIN
Address: 300 BAYVIEW DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: P () Delete
Name: HOENOW, THORSTEN
Address: 500 BAYVIEW DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T () Delete
Name: JACOBSON, RUTH
Address: 300 BAYVIEW DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: THOMAS, KEVIN
Address: 300 BAYVIEW DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P (X) Change () Addition
Name: FERNANDEZ, ROBERT
Address: 500 BAYVIEW DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT FERNANDEZ

P

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date