


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 584817 1. Entity Name BISCAYNE SUNSHINE, INC.	
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Principal Place of Business MIAMI BEACH MIAMI, FL 3310	Mailing Address 305 CUMBERLAND ST. OTTAWA ONTARIO CANADA K1-N751,
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03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1946140	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SERMANN, TIBOR 6039 COLLINS AVE., APT 531 MIAMI BEACH, FL	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

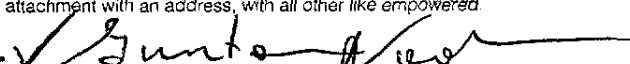
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERMANN, TIBOR 6039 COLLINS, AVE., 531 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERMANN, AGNES 6039 COLLINS AVE., 531 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NADOR, GUSZTAV 4747 COLLINS AVE., 501 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NADOR, CLARA 4747 COLLINS AVE., 501 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000231426
04/07/05-80031-012 150.00

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)(f), 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:  Date: 4-5-05 84370-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #