2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707017

FILED Apr 03, 2007 Secretary of State

Entity Name: BISCAYNE LAKE GARDENS BUILDING "A", CORP., INC.

Current Principal Place of Business: New Principal Place of Business:

2800 N.E. 203 STREET 2800 N.E. 203 STREET APT A6 APT A-15

AVENTURA, FL 33180 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

2865 NE 201 TERR. AVENTURA, FL 33180

FEI Number: 59-1235863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEVESQUE, MARCEL POLACEK, ERIC 2800 N.E. 20 3 ST #A-15 AVENTURA, FL 33180 US POLACEK, ERIC 2800 N.E. 20 3 ST #A-15 AVENTURA, FL 33180 US

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: ERIC POLACEK 04/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 LEVESQUE, MARCEL
 Name:
 POLACEK, ERIC

 Address:
 2800 NE 203 ST #A1
 Address:
 2800 NE 203 ST #A15

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 AVENTURA, FL 33180

Title: SD () Delete Title: SD (X) Change () Addition Name: FIELEK, STANLEY Name: CUMINS, GLORIA

 Name
 Colvins, Gloria

 Address:
 2800 NE 203 ST
 Address:
 2800 NE 203 ST A-17

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 AVENTURA, FL 33180

Title: T () Delete Title: T (X) Change () Addition Name: ETZION, DAVID Name: BARTELS, GREG

Address: P.O. BOX 802201 Address: P.O. BOX 1354

City-St-Zip: MIAMI, FL 332802201 City-St-Zip: BEACH HAVEN, NJ 08008

Title: D (X) Delete Title: () Change () Addition
Name: SMAGALA, JEAN Name:

 Name:
 SMAGALA, JEAN
 Name:

 Address:
 2800 NE 203 ST A06
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC POLACEK PD 04/03/2007