

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707580

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: BISCAYNE LAKE GARDENS BUILDING "B", INC.

## Current Principal Place of Business:

2880 NE 203RD ST  
MIAMI, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

2865 NE 201 TERR  
AVENTURA, FL 33180 US

## New Mailing Address:

FEI Number: 59-1235863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORDON, DONALD  
2880 N.E. 203 STREET  
SUITE #B-9  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

OLIVIER, LAUREAT  
2880 N.E. 203 STREET  
SUITE #B-36  
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: LAUREAT OLIVIER

04/03/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: OLIVIER, LAUREAT  
Address: 2880 NE 203 ST.  
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete  
Name: DESJARDIN, CLAUDE  
Address: 2880 NE 203RD ST.  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: WEKSELBAUM, JIMMY  
Address: 2880 N.E. 203RD STREET.  
City-St-Zip: AVENTURA, FL 33180

Title: P (X) Delete  
Name: GORDON, DONALD  
Address: 2880 NE 203 CT.  
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete  
Name: BEN JOSEF, DANIEL  
Address: 2880 NE 203 ST  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OLIVIER, LAUREAT  
Address: 2880 NE 203 ST. B36  
City-St-Zip: AVENTURA, FL 33180

Title: S (X) Change ( ) Addition  
Name: DESJARDIN, CLAUDE  
Address: 2880 NE 203RD ST. #B32  
City-St-Zip: AVENTURA, FL 33180

Title: T (X) Change ( ) Addition  
Name: FERSTER, HOWARD  
Address: 2880 N.E. 203RD STREET. #B26  
City-St-Zip: AVENTURA, FL 33180

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LAUREAT OLIVIER

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date