2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90042 038 ****61.25

DOCUMENT # 707581

1. Entity Name
BISCAYNE LAKE GARDENS BUILDING "J" INC.

Principal Place of Business	Mailing Address
20200 NE 27 CT. MIAMI, FL 33180	2865 NE 201 TERR AVENTURA, FL 33180

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1235863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHANEUF, MAURICE 20200 NE 27 COURT UNIT # J-25 AVENTURA, FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHANEUF, MAURICE 20200 NE 27 COURT # J-25 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHANEUF, SYLVIE 20200 NE 27 COURT # J-25 AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SERRELL; S. REGHN 19300 W BIRD HWY #G322 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SERRELLS REGINA 19300 W. BIRD HWY #322 AVENTURA, FL. 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AQUARDO; ERVESTO 20200 NE 27 CT J1 MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUARDO-BYRES TD 20200 NE 27 CT J-1 MIAMI, FL. 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CICATE, PETER 164 SOUTH ISLAND NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FREEMAN LEYDA 20200 NE 27 CT MIAMI, FL- 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CICALE, PETER 164 SOUTH ISLAND GOLDEN BCH, FL 33160	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #