
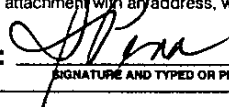


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90554 008 ****61.25

DOCUMENT # 745714					
1. Entity Name BYRON BAY ASSOCIATION, INC.					
Principal Place of Business 8201 BYRON AVE. MIAMI BCH., FL 33141		Mailing Address 8201 BYRON AVE. MIAMI BCH., FL 33141			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2285008	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORIS, ALBERT N ESQUIRE BECKER & POLIAKOFF, P.A. 6161 BLUE LAGOON DR., STE. #250 MIAMI, FL 33126			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	D (Member)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENA, IVAN		NAME	ANTONIO I PARRAGUIRE	
STREET ADDRESS	8201 BYRON AVE #506		STREET ADDRESS	8201 BYRON AVENUE APT 207	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTOBAL, LIDIA		NAME		
STREET ADDRESS	8201 BYRON AVE #207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, JOSEPH		NAME		
STREET ADDRESS	8201 BYRON AVE #502		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH., FL 33141		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, ROSA M		NAME		
STREET ADDRESS	8201 BYRON AVE #205		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, JOSEPH		NAME		
STREET ADDRESS	8201 BYRON AVE #502		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTOBAL, LIDIA		NAME		
STREET ADDRESS	8201 BYRON AVENUE #207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
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: 		IVAN PEÑA - PRES.		4/26/05 305-868-5031	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	