


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 745714 1. Entity Name BYRON BAY ASSOCIATION, INC.	
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FILED
05 DEC -2 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8201 BYRON AVE. MIAMI BCH., FL 33141	Mailing Address 8201 BYRON AVE. MIAMI BCH., FL 33141
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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11262005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2285008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent MORIS, ALBERT N ESQUIRE BECKER & POLIAKOFF, P.A. 6161 BLUE LAGOON DR., STE. #250 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		
TITLE	PD PENA, IVAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8201 BYRON AVE #506	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VP CRISTOBAL, LIDIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8201 BYRON AVENUE #207	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	T FRANCO, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	8201 BYRON AVE #502	
CITY-ST-ZIP	MIAMI BCH., FL 33141	
TITLE	D IPARRAGUIRRE, ANTONIO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8201 BYRON AVENUE #207	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD HERNANDEZ, FABIOLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8201 BYRON AVENUE apt 304	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VP ERIKOFF ESTHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8201 BYRON AVENUE apt 309	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300061866283	
CITY-ST-ZIP	12/02/05--01038--003 **\$61.25	
TITLE	Sect. TABOAS, PATRICIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8201 BYRON AVENUE apt 305	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D BORGES, JESUS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8201 BYRON AVENUE apt 202	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: _____ 11-29-05 305-868-5031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #