

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90002 048 \*\*\*158.75

<b>DOCUMENT # F03000003650</b>																																																																																																																																																											
<b>1. Entity Name</b> BAYVIEW FINANCIAL SECURITIES MANAGEMENT COMPANY																																																																																																																																																											
<b>Principal Place of Business</b> 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			<b>Mailing Address</b> 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146																																																																																																																																																								
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		<b>4. FEI Number</b> 56-2336470																																																																																																																																																							
Zip		Country		Zip																																																																																																																																																							
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																																																																																																																																								
BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD 4TH FLOOR CORAL GABLES, FL 33146			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																								
<b>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.</b>																																																																																																																																																											
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.</b>																																																																																																																																																											
<b>SIGNATURE:</b> _____			3/6/06      305-854-8800																																																																																																																																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																																																																											

BRIAN E. BOMSTEIN, VP & Secretary