

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90054 010 \*\*\*150.00

40016917



01092007 Chg-P CR2E034 (12/06)

4. FEI Number **56-2336470** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

BOMSTEIN, BRIAN E  
4425 PONCE DE LEON BLVD  
4TH FLOOR  
CORAL GABLES, FL 33146

## 7. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ERTEL, DAVID	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINT, DAVID E	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOMSTEIN, BRIAN E	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WEGNER, ROBERT A	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	UVA, KENNETH J	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	CARR, THOMAS F	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered

SIGNATURE:

*David Ertel*  
DAVID ERTEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

305-854-8880

Date

Office Phone

# ATTACHMENT 40016917

11. BAYVIEW FINANCIAL SECURITIES MANAGEMENT COMPANY  
DOCUMENT NO. F03000003650

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARVIN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARRIGAN, EVE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V/AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FISCHER, JOHN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SOMERVILLE, JASON		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALDERMAN, STUART		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		