


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90268 015 \*\*\*150.00

<b>DOCUMENT # F98154</b> 1. Entity Name GREAT BAY CORP.	
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Principal Place of Business 1717 NO BAYSHORE DR THE GRAND - STE 2500 MIAMI, FL 33132 US	Mailing Address 1717 NO BAYSHORE DR THE GRAND - STE 2500 MIAMI, FL 33132 US
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**54036586**



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2239268	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KAPLAN, IAN 1717 NO BAYSHORE DR THE GRAND - STE 2500 MIAMI, FL 33132
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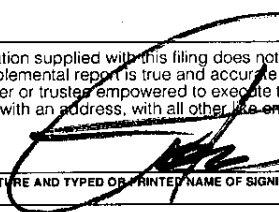
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KAPLAN, IAN 1717 N. BAYSHORE DRIVE, #2000 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KAPLAN, HOWARD 1717 N. BAYSHORE DRIVE, #2000 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALCY, RICHARD M 1717 N. BAYSHORE DR., SUITE 2000 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 persons empowered.
<b>SIGNATURE:</b>  <b>4/13/04</b> <b>305-530-9700</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____