


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # G26878 1. Entity Name BISCAYNE BUILDING, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI, FL 33130 | Mailing Address STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI, FL 33130 |
|--|--|

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2260173 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent FIORINI, DANTE STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI, FL 33130 | DO NOT WRITE IN THIS SPACE |
|--|---------------------------------------|

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</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

| | | |
|---|---|--------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|--------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FIORINI, DANTE 3506 BAYSHORE VILLAS DR MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FIORINI, ODESSA 3506 BAYSHORE VILLAS DR MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000019306
01/29/04-80020-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

| | | |
|--|---------------------|---------------------------------------|
| SIGNATURE: <u><i>Dante M. Fiorini, Pres.</i></u> | Date <u>1/28/04</u> | Daytime Phone # <u>(305) 358-1505</u> |
|--|---------------------|---------------------------------------|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR