


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K67091 1. Entity Name BISCAYNE LAND DEVELOPMENT, INC.	
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Principal Place of Business % INTRASTATE REGISTERED AGENT CORP. 1490 BISCAYNE BLVD. MIAMI, FL 33132-1629	Mailing Address % INTRASTATE REGISTERED AGENT CORP. 1490 BISCAYNE BLVD. MIAMI, FL 33132-1629
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0158432	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 SEDIGHIM, SIAVOSH 5746 LA GROVCE DR. MIAMI BEACH, FL 33140

**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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAKIB, JACOB 1325 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAKIB, JOSEPH 1325 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDIGHIM, SIAVOSH 1490 BISCAYNE BLVD. MIAMI, FL 33132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000140175
04/29/04-60152-005 150.00

**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: *SIAVOSH SEDIGHIM* 4/27/04 305-373-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #