

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90241 050 \*\*\*150.00

<b>DOCUMENT # M43511</b> 1. Entity Name <b>BAYVIEW THEATRE CONSULTANTS, INC.</b>			
Principal Place of Business <b>C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DR. #305 MIAMI, FL 33131</b>		Mailing Address <b>C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DR. #305 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>JACK KAPLAN</b> Suite, Apt. #, etc. <b>13678 DEERING BAY DR</b>		3. Mailing Address <b>JACK KAPLAN</b> Suite, Apt. #, etc. <b>13678 DEERING BAY DR</b>	
City & State <b>MIAMI FLORIDA</b> Zip <b>33158</b>		City & State <b>MIAMI FLORIDA</b> Zip <b>33158</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2750428</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORATE ADMN. LLC 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>JACK KAPLAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>13678 DEERING BAY DRIVE</b> City <b>MIAMI</b>	
State <b>FL</b>		Zip Code <b>33158</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. SIGNATURE <u><i>Jack Kaplan</i></u> <span style="float: right;">3-6-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WINTNER, LILIAN 19667 TURNBERRY WAY, UNIT 21GR AVENTURA, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, STEPHEN A. 520 BRICKELL KEY DRIVE MIAMI, FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - TREASURER JACK KAPLAN 13678 DEERING BAY DRIVE MIAMI, FLORIDA 33158	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JACK KAPLAN 13678 DEERING BAY DRIVE MIAMI, FLORIDA 33158	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - TREASURER JACK KAPLAN 13678 DEERING BAY DRIVE MIAMI, FLORIDA 33158	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JACK KAPLAN 13678 DEERING BAY DRIVE MIAMI, FLORIDA 33158	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - TREASURER JACK KAPLAN 13678 DEERING BAY DRIVE MIAMI, FLORIDA 33158	<input type="checkbox"/> Delete	
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: <u><i>Jack Kaplan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JACK KAPLAN</b>		Date <b>3-6-06</b>	
Daytime Phone # <b>305-256-2703 (H)</b>		Daytime Phone # <b>305-726-6708 (C)</b>	