

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M47296

FILED  
Aug 11, 2010  
Secretary of State

**Entity Name:** BISCAYNE FINANCE COMPANY

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 510  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 510  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 59-2771572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANO, MIGUEL  
2121 PONCE DE LEON BLVD  
SUITE 510  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSM  
Name: CANO, MIGUEL  
Address: 2121 PONCE DE LEON BLVD., STE 510  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP D  
Name: ANDERSON, MARY E  
Address: 2121 PONCE DE LEON BLVD., STE. 510  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIGUEL CANO

P

08/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date