


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90048 031 \*\*\*150.00

<b>DOCUMENT # M56858</b> 1. Entity Name <b>BIS-KAT, INC.</b>	
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Principal Place of Business <b>3225 AVIATION AVE. 500 SUITE MIAMI, FL 33133 US</b>	Mailing Address <b>3225 AVIATION AVE STE. 500- MIAMI, FL 33133 US</b>
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**94016520**



02042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2832420</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>BISIGNANO, JOSEPH P.</b> <del>13825 GREENTREE TRAIL</del> <b>135 HAMILTON TERRACE</b> <del>WEST PALM BEACH, FL 33414</del> <b>ROYAL PALM BEACH,</b> <b>FLORIDA 33414</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: *Joseph P. Bisignano* DATE: 2/10/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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	D BISIGNANO, JOSEPH P. <del>13825 GREENTREE TRAIL</del> <b>135 HAMILTON TERRACE</b> <del>WEST PALM BEACH, FL 33414</del> <b>ROYAL PALM BEACH FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSKAT, ETHEL <b>117 QUAYRIDE DRIVE</b> <b>JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 like empowered.

SIGNATURE: *Joseph P. Bisignano* Joseph P Bisignano DATE: 2/10/04 DAYTIME PHONE #: 861-792 4677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR