

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M56858

1. Entity Name
BIS-KAT, INC.



FILED

07 JUN 25 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3225 AVIATION AVE.
500 SUITE
MIAMI, FL 33133 US**

Mailing Address
**3225 AVIATION AVE
STE. 500
MIAMI, FL 33133 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2832420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISIGNANO, JOSEPH P.
135 HAMILTON TERRACE
ROYAL PALM BEACH, FL 33414**

Name **HARVEY MUSKAT**
Street Address (P.O. Box Number is Not Acceptable)
**3225 AVIATION AVENUE
SUITE 500**
City **MIAMI** FL Zip Code **33133**

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

Harvey Muskat

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

5/9/07

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **BISIGNANO, JOSEPH P.**
STREET ADDRESS **135 HAMILTON TERRACE**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33414**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **ANDREW MUSKAT**
STREET ADDRESS **117 QUAYSIDE DRIVE**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** ☒ Delete
NAME **MUSKAT, ETHEL**
STREET ADDRESS **117 QUAYSIDE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **HARVEY MUSKAT**
STREET ADDRESS **3225 AVIATION AVE #500**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **PRESIDENT** ☒ Delete
NAME **ANDREW MUSKAT**
STREET ADDRESS **117 QUAYSIDE DRIVE**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Delete
NAME **HARVEY MUSKAT**
STREET ADDRESS **3225 AVIATION AVE #500**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Harvey Muskat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/07

DATE

305 858 5800

DAYTIME PHONE #

26/26