2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91259 048 ****61.25

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 Entity Name BAYVIEW PARK BEAUTIFICATION, INC.



Principal Place of Business Mailing Address Duhaine C/O CHRISTIAN DUBAIME DU hAIME C/O CHRISTIAN DUBAIME 94083902 2701 NE 33RD ST 2701 NE 33RD ST FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04272004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc. 4. FEI Number 65-1046562 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6... Name and Address of Current Registered Agent DUHAIME Name DUHAIME, CHRISTIAN C/O CHRISTIAN DUBAIME Street Address (P.O. Box Number is Not Acceptable) 2701 NE 33RD ST FT LAUDERDALE, FL 33306 Zip Code 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. Lam 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D ☐ Defete TITLE Change ☐ Addition O'CONNOR, SHARON NAME NAME STREET ADDRESS 2609 NE 33RD ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33306 CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition **DUHAIME, CHRISTIAN** NAME STREET ADDRESS 2609 NE 33RD ST STREET ADDRESS CITY-ST-7IP FT LAUDERDALE, FL 33306 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition KINKER, LEONARD NAME NAME STREET ADDRESS 2929 E COMMERCIAL BLVD STREET ADDRESS FT LAUDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/04 ASY.772 Tgar

Daytime Phone #