

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90052 007 ****61.25

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02032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000006314 1. Entity Name BAYVIEW PARK BEAUTIFICATION, INC.					
Principal Place of Business C/O CHRISTIAN DUHAIME 2701 NE 33RD ST FT LAUDERDALE, FL 33306			Mailing Address C/O CHRISTIAN DUHAIME 2701 NE 33RD ST FT LAUDERDALE, FL 33306		
2. Principal Place of Business % KINKER 2929 E. Comm. Blvd		3. Mailing Address % KINKER 2929 E Comm. Blvd			
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. 208			
City & State FT LAUD FL		City & State FT LAUD FL			
Zip 33308		Country BRUNAR		Zip 33308	
Country BRUNAR		Country BRUNAR			
4. FEI Number 65-1046562			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 DUHAIME, CHRISTIAN C/O CHRISTIAN DUBAIME 2701 NE 33RD ST FT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name LEONARD KINKER CPA Street Address (P.O. Box Number is Not Acceptable) 2929 EAST COMMERCIAL BLVD #208 City FT LAUD FL Zip Code 33308		
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>Leonard Kinker</i></u> 2/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete O'CONNOR, SHARON 2609 NE 33RD ST FT LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DUHAIME, CHRISTIAN 2609 NE 33RD ST FT LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KINKER, LEONARD 2929 E COMMERCIAL BLVD FT LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u><i>Leonard Kinker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/11/05 954 315 7160 <small>Date Daytime Phone #</small>		