


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90085 034 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000006314	
<b>1. Entity Name</b> BAYVIEW PARK BEAUTIFICATION, INC.	

<b>Principal Place of Business</b> C/O KINKEE 2929 E CORN BLVD 208 FORT LAUDERDALE FL 33308	<b>Mailing Address</b> 4710 NE 26 AVE FORT LAUDERDALE FL 33308
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<b>2. Principal Place of Business - No P.O. Box #</b> 901 KINKEE 2929 E CORN BLVD Suite, Apt. #, etc. 4305	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

<b>City &amp; State</b> Ft Lauderdale FL	<b>City &amp; State</b>	<b>4. FEI Number</b> 65-1046562	<b>Applied For</b> Not Applicable
<b>Zip</b> 33306	<b>Country</b> Burmah	<b>Zip</b>	<b>Country</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  KINKER, LEONARD 2929 EAST COMMICAL BLVD 208 FORT LAUDERDALE FL 33308	<b>7. Name and Address of New Registered Agent</b>  Name: Kinker, Leonard Street Address (P.O. Box Number is Not Acceptable): 4710 NE 26 AVE City: Ft Lauderdale State: FL Zip Code: 33308
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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.**

<b>SIGNATURE</b> _____	<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> O'CONNOR, SHARON		<b>NAME</b>	
<b>STREET ADDRESS</b> 2609 NE 33RD ST		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> FT LAUDERDALE FL 33306		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> KINKER, LEONARD		<b>NAME</b>	
<b>STREET ADDRESS</b> 2929 E COMMERCIAL BLVD		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> FT LAUDERDALE FL 33306		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.**

<b>SIGNATURE:</b> _____	<b>DATE:</b> 4/2/07	<b>DAYTIME PHONE #:</b> 954 612 2099
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>