


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90144 031 ****61.25

DOCUMENT # N04000001543 1. Entity Name BISCAYNE CORRIDOR CHAMBER OF COMMERCE, INC.					
Principal Place of Business 5981 N.E. SIXTH AVENUE MIAMI, FL 33137 US			Mailing Address 5981 N.E. SIXTH AVENUE MIAMI, FL 33137 US		
2. Principal Place of Business 1300 NW 167th St.		3. Mailing Address <div style="text-align: center;">↑</div>			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.			
City & State Miami Gardens, FL		City & State		4. FEI Number 59-3269801	
Zip 33169		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVEN K. BAIRD, P.A. 5981 N.E. SIXTH AVENUE MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <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, X WHITESIDE, PATRICK 600 NE 30TH STREET, SUITE 02 MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 780 NE 69TH STREET 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, X MEYER, JOHN 5981 NE SIXTH AVENUE MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 805 NE 72ND TERRACE 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, X TREECE, DAVID 801 NE 10TH STREET MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEVEN K. BAIRD 5981 NE 6TH AVENUE MIAMI, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL TRAUIG 780 NE 69TH ST MIAMI, FL 33138	<input type="checkbox"/> Delete Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARC GORDON 1648 NOCATEE DRIVE MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL ABRAMS 3110 NE 2ND AVENUE MIAMI, FL 33137	<input type="checkbox"/> Delete Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL ATLAS 2006 BISCAYNE BOULEVARD MIAMI, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELISSA FRANTZ 434 NE 102 ST MIAMI, FL 33138	<input type="checkbox"/> Delete Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY DANA 12000 BISCAYNE BOULEVARD MIAMI, FL 33181	<input type="checkbox"/> Change <input checked="" 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: Steven K. Baird, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/8/05 Date		305 757-6755 Daytime Phone #