

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90102 028 ***158.75

DOCUMENT # N05000007722

1. Entity Name
**BISCAYNE GARDENS 1, A CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1840 CORAL WAY STE 102
SUITE 102
MIAMI, FL 33145**

Mailing Address
**1840 CORAL WAY STE 102
SUITE 102
MIAMI, FL 33145**

40109220



04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 61-1494688 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**PALENZUELA, MARIANO
1840 CORAL WAY
SUITE 102
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP PALENZUELA, MARIANO 1840 CORAL WAY STE 102 MIAMI, FL 33145 |
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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 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

4-27-07 786-251-7401
Date Daytime Phone #