

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05593

FILED
Jul 07, 2005
Secretary of State

Entity Name: BISCAYNE BAY POWER SQUADRON, INC.

Current Principal Place of Business:

290-174TH STREET
APT #1215
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

290-174TH ST
APT #1215
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 59-6147746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KATZ, BONNIE
290-174TH STREET
APT #1215
SUNNY ISLES, FL 33160 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDR () Delete
Name: KATZ, BONNIE
Address: 290 - 174 STREET #1215
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: DE () Delete
Name: SHULTZ, HARRY LT/C
Address: 3944 NE 167TH STREET
City-St-Zip: NO MIAMI BEACH, FL 33160

Title: SED () Delete
Name: FRISCHMAN, JAY LT/C
Address: 15322 SW 72 STREET #12
City-St-Zip: MIAMI, FL 33193 US

Title: TD () Delete
Name: LEON, BARBARA LTC
Address: 9821 SUNRISE LAKES BLVD #112
City-St-Zip: SUNRISE, FL 33322

Title: SD () Delete
Name: GEDULD, LUZ LTC
Address: 17011 N BAY ROAD
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE KATZ

CDR

07/07/2005

Electronic Signature of Signing Officer or Director

Date