

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N05593

1. Entity Name

BISCAYNE BAY POWER SQUADRON, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-6147746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CDR ☐ Delete
NAME KATZ, BONNIE
STREET ADDRESS 290 - 174 STREET #1215
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE D ☐ Delete
NAME BARAFF, MARJORIE
STREET ADDRESS 381 JOY HAVEN DR.
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE SED ☐ Delete
NAME FRISCHMAN, JAY LT/C
STREET ADDRESS 15322 SW 72 STREET #12
CITY-ST-ZIP MIAMI FL 33193

TITLE TD ☐ Delete
NAME LEON, BARBARA LTC
STREET ADDRESS 9821 SUNRISE LAKES BLVD #112
CITY-ST-ZIP SUNRISE FL 33322

TITLE D ☐ Delete
NAME HERNANDEZ, TERESA
STREET ADDRESS 1380 SW 40TH STREET
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000838514
03/05/08-80034-002 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Barbara Leon* *Barbara Leon*

954-741-5284
2-16-08