2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N05593

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: BARAFF, MARJORIE
Address: 381 JOY HAVEN DR.
City-St-Zip: SEBASTIAN, FL 32958

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: D ( ) Delete
Name: HERNANDEZ, TERESA
Address: 1380 SW 40TH STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KATZ, BONNIE
Address: 290 - 174 STREET #1215
City-St-Zip: SUNNY ISLES, FL 33160 US

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: CDR (X) Change ( ) Addition
Name: MARSHA, FRISCHMAN
Address: 15322 SW 72 STREET # 12
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 D 04/26/2009

Electronic Signature of Signing Officer or Director — Date