2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90038 011 ****61.25

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1. Entity Name
BISCAYNE LAKE GARDENS SERVICE CORP.

Principal Place of Business	Mailing Address
2865 N.E. 201ST TERRACE AVENTURA, FL 33180	2865 N.E. 201ST TERRACE AVENTURA, FL 33180

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1235863 ☐ Applied For ☐ Not Applicable

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
ATKINSON, PATRICIA 2825 NE 201 TERR, A 226 AVENTURA, FL 33180	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD FREEMAN, WILLIAM 2225 N.E. 201 TERR. M-21V AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. FREEMAN, WILLIAM 2825 NE 201 TER M214 AVENTURA, FL. 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AIKEN, JANET 20200 N. 39 CT N109 AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VP PRAYDEN FRANK 2810 NE 201 TER 4109 AVENTURA, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NILSEN, PETER 2880 NE 203 STREET B-8 MIAMI, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABRAHAM LOIA 18041 BISCAYNE BLVD PH5 AVENTURA, FL. 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATKINSON, PATRICIA 2825 NE 201 TERR., M-226 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARREN BRETT 2790 NE 201 TER H325 AVENTURA, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COURTNEY, ANTOINETTE 2011 N.E. 27 CT K-213 AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SALTHANY JUNE 2810 NE 201 TER. AVENTURA, FL. 33180	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHANEUP, MAURICE 10200 N.E. 27 CT J25 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON DONALD 2880 NE 203 ST. B09 AVENTURA, FL 33180	☐ Change ☒ 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: Patricia Atkinson Jan 11, 2005 (305) 935-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #