2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N97000005513

Entity Name: BISCAYNE LAKE GARDENS SERVICE CORP.

Current Principal Place of Business:

2865 N.E. 201ST TERRACE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2865 N.E. 201ST TERRACE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 59-1235863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINSON, PATRICIA
2825 NE 201 TERR, A 226
AVENTURA, FL 33180 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: 2VP ( ) Delete
Name: FREEMAN, WILLIAM
Address: 2805 NE 201 TER.
City-St-Zip: AVENTURA, FL 33180

Title: 1VP ( ) Delete
Name: PRAVDER, FRANK
Address: 2810 NE 201 TER.
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete
Name: GORDON, DONALD
Address: 2880 NE 203 ST.
City-St-Zip: AVENTURA, FL 33180

Title: PD ( ) Delete
Name: ATKINSON, PATRICIA
Address: 2825 NE 201 TER.
City-St-Zip: AVENTURA, FL 33180

Title: SD ( ) Delete
Name: SALHANY, JUNE
Address: 2810 NE 201 TER
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: PHANEUP, MAURICE
Address: 10200 N.E. 27 CT.
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: FREEMAN, WILLIAM
Address: 2805 NE 201 TER.
City-St-Zip: AVENTURA, FL 33180

Title: PD (X) Change ( ) Addition
Name: PRAVDER, FRANK
Address: 2810 NE 201 TER.
City-St-Zip: AVENTURA, FL 33180

Title: T (X) Change ( ) Addition
Name: LEVINE, DIANE
Address: 2820 NE 201 TER.
City-St-Zip: AVENTURA, FL 33180

Title: 1VP (X) Change ( ) Addition
Name: ATKINSON, PATRICIA
Address: 2825 NE 201 TER.
City-St-Zip: AVENTURA, FL 33180

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 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: PATRICIA ATKINSON 1VP 04/05/2007

Electronic Signature of Signing Officer or Director — Date