


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036238
 1. Entity Name
BISCAYNE INVESTMENT PROPERTIES, INC.



Principal Place of Business Mailing Address
 1640-1688 NE 123RD ST P.O. BOX 403872
 MIAMI, FL 33161 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0998966 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GURFINKEL, SAM
 4620 PINE TREE DR
 MIAMI, FL 33140

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GURFINKEL, SAM 4620 PINE TREE DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GURFINKEL, ROSE 4620 PINE TREE DRIVE MIAMI BEACH, FL 33140
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 07/22/04-80014-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 607, 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: SAM GURFINKEL 7/20/04 305-693-1189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #