2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000114447

1. Entity Name
BAYSHORE DRIVE INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134	220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1062585
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	STUZIN, JAMES M
STREET ADDRESS	220 ALHAMBRA CIRCLE STE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPT
NAME	STUZIN, CHARLES B
STREET ADDRESS	220 ALHAMBRA CIRCLE STE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	AS
NAME	BLANCO, CARY
STREET ADDRESS	220 ALHAMBRA CIRCLE STE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 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: Charles B. Stuzin CHARLES B. STUZIN, VICE-PRESIDENT 2/25/05 (305)774-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #