

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000009940 1. Entity Name THE BAYSHORE VISIONS GROUP, INC.					
Principal Place of Business 6039 LA GORCE DRIVE MIAMI BEACH, FL 33140			Mailing Address 6039 LA GORCE DRIVE MIAMI BEACH, FL 33140		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1076738	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROOKS, KATHIE G 6039 LA GORCE DRIVE MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent 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 _____ Signature, hand or printed name of registered agent and fee (see instructions). (NOTE: Registered Agent Signature - required when removing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BROOKS, KATHIE G 6039 LA GORCE DRIVE MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HEW, PETER I 20450 SW 248 ST HOMESTEAD, FL 33031		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 1100000155446 05/05/04-80038-013 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HEW, NATALIE H 20450 SW 248 ST HOMESTEAD, FL 33031		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BROOKS, KATHIE G 6039 LA GORCE DRIVE MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 807, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/04 Date		