

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000010954

1. Entity Name  
BISCAYNE DESIGN, INC.



Principal Place of Business  
1632 PENNSYLVANIA AVENUE  
MIAMI BEACH, FL

Mailing Address  
1632 PENNSYLVANIA AVENUE  
MIAMI BEACH, FL

FILED  
06 APR 27 AM 10:22  
TALLAHASSEE, FLORIDA



04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1081013

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBINS, CRAIG  
1632 PENNSYLVANIA AVENUE  
MIAMI BEACH, FL

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINS, CRAIG 1632 PENNSYLVANIA AVENUE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRETENSTEIN, STEVEN 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300074146983  
05/08/06--01014--011 \*\*2796.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 305-531-8700  
Date Daytime Phone #

STEVE GORDON, VICE PRESIDENT