

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90419 041 \*\*\*150.00

**DOCUMENT # P01000100979**

1. Entity Name  
BAY DRIVE DEVELOPMENT, CORP.



Principal Place of Business  
999 BRICKELL AVE, STE 700  
MIAMI, FL 33131

Mailing Address  
2655 Le Jeune Rd  
MIAMI, FL 33137

2655 Le Jeune Road  
ST 326  
Coral Gables FL 33134



**DO NOT WRITE IN THIS SPACE**

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1152661

Applied For  
Not Applicable

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

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

GRISALES-RACINI, OSCAR  
999 BRICKELL AVE, STE 700  
MIAMI, FL 33131

Jacqueline Rodriguez  
2655 Le Jeune Road  
STE 326  
Coral Gables FL 33134

**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 Jacqueline Rodriguez 4/30/04 DATE

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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAFDIE, JACOBO EDUARDO 999 BRICKELL AVE, STE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERUBI, LIDIA PATRICIA 999 BRICKELL AVE, STE. 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Jacqueline Rodriguez 305 380 0725 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #