


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90419 039 ***150.00

DOCUMENT # P01000100986		
1. Entity Name BAY DRIVE DEVELOPMENT II, CORP.		
Principal Place of Business 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	Mailing Address 2742 BISCAYNE BLVD MIAMI, FL 33137	2655 Le Jeune Rd Ste326 Coral Gables, FL 33134



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 F Rodriguez
 2655 Le Jeune Rd Ste326
 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 F Rodriguez DATE: 4/30/04

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, 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 LANGMAN, GREGORIO M 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GURFEIN DE LANGMAN, JUDIT ANDREA 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOFFE, MARCELO CARLOS 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIGOLA DE JOFFEE, MARCELA A 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
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 F Rodriguez (PDR) DATE: 4/30/04 DAYTIME PHONE #: 305 350 0725

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