

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2004 90419 048 ***150.00

DOCUMENT # P01000100992

1. Entity Name

BAY DRIVE DEVELOPMENT V, CORP.



2655 Le Jeune Rd Ste326

Principal Place of Business Coral Gables, FL 33134 Mailing Address

9781 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL 33154

2742 BISCAYNE BLVD
MIAMI, FL 33137



04302004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1148617

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 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

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	PD
NAME	LOSARDO, MARCELA
STREET ADDRESS	1001 BRICKELL BAY DR # 2600
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	VSD
NAME	LOSARDO, RICARDO
STREET ADDRESS	1001 BRICKELL BAY DR # 2600
CITY - ST - ZIP	MIAMI, FL 33131
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #