


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2004 90419 047 ***150.00

DOCUMENT # P01000100999 1. Entity Name BAY DRIVE DEVELOPMENT IX, CORP.	
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Principal Place of Business 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	2655 Le Jeune Rd Ste326 Coral Gables, FL 33134	Mailing Address 2742 BISCAYNE BLVD MIAMI, FL 33137
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04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1148623	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
OSCAR GRISALES RACINI 994 BRICKELL AVENUE STE 709 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 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 ZALESKI, ALEJANDRO A 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BENLOLO DE ZALESKI, MYRIAM E 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
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	

**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)(l), 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 #

305-350 0725
4/30/04