

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

05-03-2004 90419 049 ***150.00

DOCUMENT # P01000112552

1. Entity Name
BAY DRIVE XXI, CORP.

2655 Le Jeune Rd Ste326



Principal Place of Business **Coral Gables, FL 33134** Mailing Address

9781 EAST BAY HARBOR DRIVE **2742 BISCAYNE BLVD**
BAY HARBOR ISLAND, FL 33154 **MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1155615	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRISALES-RACINI, OSCAR **Jacqueline F Rodriguez**
999 BRICKELL AVENUE **2655 Le Jeune Rd Ste326**
SUITE 700 **Coral Gables, FL 33134**
MIAMI, FL 33131

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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
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 NAVON, VICTOR P 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAVAREDE NAVON, FELISA SARA 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
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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)(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 (POA)* 4/30/04 305 350 0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #