


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 003 ***150.00

DOCUMENT # P01000112684	
1. Entity Name BISCAYNE & 18 PLAZA CORP.	

Principal Place of Business 615 NE 22 STREET APT 101 MIAMI, FL 33137	Mailing Address 615 NE 22 STREET APT 101 MIAMI, FL 33137
--	--

60005048



2. Principal Place of Business 275 N.E. 18 Street	3. Mailing Address 275 N.E. 18 Street
Suite, Apt. #, etc. CU # 101	Suite, Apt. #, etc. CU # 101

01092006 Chg-P CR2E034 (11/05)

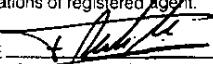
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33132	Country USA

4. FEI Number 65-1157631	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

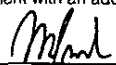
6. Name and Address of Current Registered Agent DE MELO, CARLOS F 615 NE 22 STREET APT 101 MIAMI, FL 33137	
--	--

7. Name and Address of New Registered Agent Name CARLOS FERREIRA de MELO Street Address (P.O. Box Number is Not Acceptable) 275 NE. 18 Street CU # 101 City MIAMI FL Zip Code 33132	
---	--

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 	CARLOS FERREIRA de MELO /D 01/11/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELO, CARLOS F 615 NE 22 STREET APT #101 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELO, MARTIN F 615 NE 22 STREET APT#101 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  MARTIN F. MELO /D.	01/11/06 305-577-8804 <small>Date Daytime Phone #</small>