
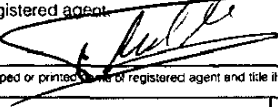
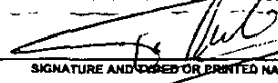


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 028 ***150.00

DOCUMENT # P01000112684 1. Entity Name BISCAYNE & 18 PLAZA CORP.			
Principal Place of Business 275 NE 18TH ST APT 101 MIAMI, FL 33132		Mailing Address 275 NE 18TH ST APT 101 MIAMI, FL 33132	
2. Principal Place of Business - No P.O. Box # 250 NE 25 St.		3. Mailing Address 250 N.E. 25 St.	
Suite, Apt. #, etc. Suite # 201		Suite, Apt. #, etc. Suite # 201	
City & State Miami, FL		City & State Miami, FL	
Zip 33137		Zip 33137	
Country USA		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 275 NE 18TH ST APT 101 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name CARLOS FERREIRA DE MELO Street Address (P.O. Box Number is Not Acceptable) 250 N.E. 25 St. Suite # 201 City Miami FL Zip Code 33137	
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 4/3/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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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: 		4/3/08 (305) 305-9008 <small>Date Daytime Phone #</small>	