

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000016425

1. Entity Name
BAYFRONT INTERNATIONAL REALTY, INC.



Principal Place of Business
**959 CRANDON BLVD.
KEY BISCAYNE, FL 33149**

Mailing Address
**128 MASHTA DRIVE
KEY BISCAYNE, FL 33149**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0152195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALVO, LIZABETH F
328 CRANDON BOULEVARD
SUITE 228
KEY BISCAYNE, FL 33149**

**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 renewing)

DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fee**

**000000382004
01/11/06-80076-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ROMANO, PATRICIA
128 MASHTA DRIVE
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CASTRO, HECTOR
128 MASHTA DRIVE
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
VILLA, PATRICIA
959 CRANDON BLVD.
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ROISENVIT, PATRICIA
959 CRANDON BLVD.
KEY BISCAYNE, FL 33149**

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 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, and all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR CASTRO

1/6/06
Date

305-361-8986
Daytime Phone #