2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000059893

ESTATES OF BISCAYNE, INC.



Principal Place of Business

5709 NW 158 ST MIAMI LAKES, FL 33014 Mailing Address

5709 NW 158 ST MIAMI LAKES, FL 33014

FILED Mar 17, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

6. 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

02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0570979

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEZY, LEWIS 5709 NW 158 ST MIAMI LAKES, FL 33014

of the corporation or the receiver of changed, or on an attachment with

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstiting) DATE					
FILE NUMBI FEE ID STRULUU ' "		Election Campaign Financing Trust Fund Contribution.	0	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				<u>-</u> 1	Uhironactics
TITLE	D				U00000861494 04/03/08-80011-011 158.75
NAME	SWEZY, LEWIS				
STREET ADDRESS CITY-ST-ZIP	5709 NW 158 ST MIAMI LAKES, FL 33014				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MININE DATES, 12 00014				
TITLE					,
NAME STREET ADDRESS					•
CITY-ST-ZIP				DO:	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE					
NAME STREET ADDRESS					,
CITY-\$1-ZIP			·	· · · · · · · · ·	
TITLE				•	
NAME					
STREET ADDRESS CITY-ST-ZIP				. , . ,	en e
12. I hereby certify that the information supplied with this filling 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 used and personate and program in the corporation of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					