


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000152229

1. Entity Name
BISCAYA HOTEL, INC.



Principal Place of Business
1910 ALTON RD
MIAMI BEACH, FL 33139

Mailing Address
1910 ALTON RD
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0489182

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, IRA
1910 ALTON RD.
MIAMI BEACH, FL 33139

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ZWEIG, YITZCHAK 1910 ALTON RD. MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TABON, MORIS 1910 ALTON RD. MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HILL, IRA 1910 ALTON RD. MIAMI BEACH, FL 33139
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 04/25/05-80021-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #