2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046371

Entity Name: 11500 BISCAYNE INC

FILED Feb 16, 2007 Secretary of State

Name and Address of Current Registered Agent: GIOVANNI, MARZILLI 1348 WASHINGTON AVE 173 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						
MIAMI BEACH, FL 33139 Current Mailing Address: 1348 WASHINGTON AVE 173 MIAMI BEACH, FL 33139 FEI Number: 20-1007676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIOVANNI, MARZILLI 1348 WASHINGTON AVE 173 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: P () Delete Name: LAURA GIACALONE, MARZILLI Address: 1348 WASHINGTON AVE 173 Address: 1348 WASHINGTON AVE 173 Title: VP () Delete Name: GIOVANNI, MARZILLI Name: Address: 1348 WASHINGTON AVE 173	Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
Current Mailing Address: New Mailing Address: 1348 WASHINGTON AVE 173 MIAMI BEACH, FL 33139 FEI Number: 20-1007676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: GIOVANNI, MARZILLI 1348 WASHINGTON AVE 173 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date COFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: 1348 WASHINGTON AVE 173		SHINGTON AVE	≣			
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Name and Address of Current Registered Agent: GIOVANNI, MARZILLI 1348 WASHINGTON AVE 173 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: LAURA GIACALONE, MARZILLI Name: Address: 1348 WASHINGTON AVE 173 City-St-Zip: MAIMI, FL 33139 City-St-Zip: MAIMI, FL 33139 City-St-Zip: Title: () Change () Addition Name: GIOVANNI, MARZILLI Name: Address: 1348 WASHINGTON AVE 173		ACH, FL 33139)			
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Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: P () Delete Title: Name: Address: 1348 WASHINGTON AVE 173 City-St-Zip: MAIMI, FL 33139 Title: VP () Delete Title: VP () Delete Title: VP () Delete Title: Name: Address: 1348 WASINGTON AVE 173 Address: Address: Address: Address: Address: Address: Address: Address:	SIGNATUI	RE:				
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Name: GIOVANNI, MARZILLI Name: Address: 1348 WASINGTON AVE 173 Address:	Name: Address:	LAURA GIACAL 1348 WASHING	ONE, MARZILLI TON AVE 173	Name: Address:	() Change () Addition	
	Name: Address:	GIOVANNI, MAF 1348 WASINGT	RZILLI ON AVE 173	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNI MARZILLI VP 02/16/2007