


2005 FOR PROFIT CORPORATION "REINSTATEMENT"

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DOCUMENT # P04000078428		
1. Entity Name BISCAYNE LANDING II-D-1804, CORP.		

Principal Place of Business 20533 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180	Mailing Address 20533 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address 21050 NE 38 AVE. ATLANTIC III	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 403	
City & State		City & State AVENTURA. FLORIDA	
Zip	Country	Zip	Country
		33180	

FILED
05 NOV 21 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05/02/05 90400 027 1520

10212005	REIN-P	CR2E098 (6/04)
4. FEI Number		<input checked="" type="checkbox"/> 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		7. Name and Address of New Registered Agent	
GRISALES & JACOBS, LLP 1911 HARRISON STREET HOLLYWOOD, FL 33020		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reinstating)	DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERDOMO, ROCIO 21055 NE 37 AVE APT 3002 MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PERDOMO, ROCIO 21050 NE 38 AVE. ATLANTIC III #403 AVENTURA. FL. 33180 <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
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 exemption stated in Section 119.07(3)(i), 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 #
		05/30/05	

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A & M ACCOUNTING & PROFESSIONAL SERVICES, INC.
Member of National Society of Accountants
Notary Public - Income Taxes - Personal & Corporations -
1691 NE.123rd.St. N. Miami, Fl. 33181 TE(305) 893-2670 FAX#(305) 893-7231

October 21, 2005

Florida Dept. of State
Division of Corporation
ANNUAL REPORT

Dear Sir:

We are sending you a copy of the posted check of the Annual Report Fee which was sent on May 01,05 and cashed on May 02, 2005.

Company Name:
BISCAYNE LANDING II-D-1804, Corp.
Doc. # P04000078428

Please reactivate the Co. as soon you can.

Thank you very much



Amelia Javier
Public Accountant