

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000084451		
1. Entity Name BISCAYNE PALEN, INC.		

Principal Place of Business 18151 NE 31ST CT 1015 AVENTURA FL 33160	Mailing Address 18151 NE 31ST CT 1015 AVENTURA FL 33160
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-1178456		Applied For ☐ Not Applied
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SUMBRE, JORGE 18151 NE 31ST CT #1015 AVENTURA FL 33160		7. Name and Address of New Registered Agent 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 restate) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SUMBRE, JORGE 18151 NE 31ST CT #1015 AVENTURA FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11000001496080 04/21/06-80036-022 150.00	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD NAJLIS, HORACIO 18151 NE 31ST CT #1015 AVENTURA FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE: JORGE SUMBRE 04-04-06 305 792 5247