

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                                           |                                                                                           |                                                                                                                                      |                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000084451</b><br>1. Entity Name<br><b>BISCAYNE PALEN, INC.</b>                                                                                                                                               |                                                                                                           |                                                                                           |                                                                                                                                      |                                |  |
| Principal Place of Business<br><b>18151 NE 31ST CT<br/>1015<br/>AVENTURA FL 33160</b>                                                                                                                                         |                                                                                                           |                                                                                           | Mailing Address<br><b>18151 NE 31ST CT<br/>1015<br/>AVENTURA FL 33160</b>                                                            |                                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                         |                                                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |                                                                                                                                      |                                                                                                                 |  |
| 4. FEI Number <b>20-1178456</b>                                                                                                                                                                                               |                                                                                                           |                                                                                           |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                                                           |                                                                                           |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SUMBRE, JORGE<br/>18151 NE 31ST CT #1015<br/>AVENTURA FL 33160</b>                                                                                                  |                                                                                                           |                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                            |                                                                                                           |                                                                                           |                                                                                                                                      |                                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                                                           |                                                                                           | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees               |                                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                           |                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | PTD<br>SUMBRE, JORGE<br>18151 NE 31ST CT #1015<br>AVENTURA FL 33160<br><input type="checkbox"/> Delete    |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | U000000689088<br>04/11/07-80022-009 150.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | VPSD<br>NAJLIS, HORACIO<br>18151 NE 31ST CT #1015<br>AVENTURA FL 33160<br><input type="checkbox"/> Delete |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                           |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                           |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                           |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                           |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 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**

**03-27-07**

**305 792 5247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #