


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90220 041 \*\*\*150.00

**DOCUMENT # P04000107653**

1. Entity Name  
**BISCATE INC.**



Principal Place of Business      Mailing Address

1501 VENERA AZVENUE      1501 VENERA AZVENUE  
 SUITE 200      SUITE 200  
 CORAL GABLES FL 33146      CORAL GABLES FL 33146

00010000



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**20-1397919**      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

Name **MORTY ETGAR**

Street Address (P.O. Box Number is Not Acceptable)  
**1501 VENERA AVE #200**

City **CORAL GABLES**      FL      Zip Code **33146**

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 \_\_\_\_\_

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD       Delete

NAME HEISLER, STEVEN

STREET ADDRESS 1501 VENERA AZVENUE SUITE 200

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE T       Delete

NAME ETGAR, MORTY

STREET ADDRESS 1501 VENERA AZVENUE SUITE 200

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

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STREET ADDRESS

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TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: MORTY ETGAR      Date 1/22/05

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