

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000044744

Entity Name: 900 BISCAYNE BAY 2605, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD  
SUITE 1007  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2020 PONCE DE LEON BLVD  
SUITE 1007  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 41-1769180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIN, JOSE M  
2020 PONCE DE LEON BLVD  
SUITE 1007  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DAVIN, JOSE M  
Address: 2020 PONCE DE LEON BLVD, SUITE 1007  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD  
Name: DAVIN, FRANCO  
Address: 2020 PONCE DE LEON BLVD, SUITE 1007  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: JOSE DAVIN

PSTD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date