2008 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information surplicated on this report or supplemental re

of the corporation or the receiver or changed, or on an attachment with

FILED ANNUAL REPORT Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P92000004260 1. Entity Name BAYVIEW FINANCIAL SERVICES CORP. Principal Place of Business Mailing Address 8164 TWIN LAKE DRIVE 8164 TWIN LAKE DRIVE BOCA RATON, FL 33496 BOCA RATON, FL 33496 02282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0366973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSBERG, ANDREW DO NOT WRITE 8164 TWIN LAKE DRIVE BOCA RATON, FL 33496 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSD TITLE MOSBERG, ANDREW NAME 8164 TWIN LAKE DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 U00000859905 · NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

d with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information but 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

powered to execute this report as required by Chapter 607, Florida Statutes; and that my game appears in Block 10 or Block 11 if