

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90022 023 \*\*\*150.00

**DOCUMENT # P92000012963**

1. Entity Name  
**7900 BISCAYNE CORP.**



Principal Place of Business  
**7301 SW 57 COURT  
SUITE 565  
SOUTH MIAMI, FL 33143**

Mailing Address  
**C/O GREENWALD  
7301 SW 57 COURT #565  
SOUTH MIAMI, FL 33143**

**66019681**



05032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0415466**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREENWALD, ALLEN  
7301 SW 57 COURT  
SUITE 565  
SOUTH MIAMI, FL 33143**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>GREENWALD, ALLEN R</b>
STREET ADDRESS	<b>7301 SW 57 COURT 565</b>
CITY-ST-ZIP	<b>SOUTH MIAMI, FL 33143</b>
TITLE	<b>V</b>
NAME	<b>GREENWALD, JILL F</b>
STREET ADDRESS	<b>7301 SW 57 COURT 565</b>
CITY-ST-ZIP	<b>SOUTH MIAMI, FL 33143</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-14-07**