## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

Jul 18, 2005 08:00 AM Secretary of State DOCUMENT # P93000033356 **BISCAYNE AWNING CORPORATION** Principal Place of Business Mailing Address 611 NW 5TH STREET 611 NW 5TH STREET MIAMI, FL 33128 MIAMI, FL 33128 06292005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0451200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, CONRADO DO NOT WRITE 611 NW 5 STREET MIAMI, FL 33128 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or polit, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature I hoed or prink a name of registered agriculture if applicable. (HOTE, Registered Agent aignature required when retistating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS MLE ST NAME PEREZ, CONRADO STREET ADDRESS 611 NW 5 ST CITY-ST ZIP MIAMI, FL 33128 TITLE U00000373353 NAME STREET ADDRESS 07/18/05-60012-003 150.00 CITY ST-ZIP TITLE MALIE STREET ADDRESS DO NOT WRITE CITY ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP TILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY ST ZIP 12. I hereby certify that the information supplied with this fixing does not qualify for the exemption stated in Section 119.07(3)(7), 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 it 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

**FILED** 

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