

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000001686	
1. Entity Name 400 BANYAN TREE CORP.	



Principal Place of Business 400 NE 26 ST MIAMI, FL 33137 US	Mailing Address 5700 SW 97TH ST. PINECREST, FL 33156
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05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0476555	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MIR, HECTOR J
2655 LE JEUNE RD
SUITE 1107
CORAL GABLES, FL 33134**

**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 _____ DATE _____
Signature must be typed or printed name of registered agent and the filer, sole officer. Registered Agent signature is required when necessary.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, ARMANDO A 5700 SW 97 ST. PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, FELIX R 6969 COLLINS AVE. APT. 710 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, NORMA G 5700 SW 97 ST. PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, MARTA R 6969 COLLINS AVE. APT 710 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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05/23/06 80002-003 150.00

**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]* **President 5/15/06** **305-905-6517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR