

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90272 001 ***750.00

DOCUMENT # P94000049291

1. Entity Name
BAYVIEW ENTERPRISES, INC.



Principal Place of Business
**1028 NE 45TH ST
OAKLAND PARK, FL 33334**

Mailing Address
**2817 NE 37TH ST.
FT. LAUDERDALE, FL 33308**

DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0558711

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAVALIERE, JOSEPH V
1028 NE 45TH ST
OAKLAND PARK, FL 33334**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CAVALIERE, JOSEPH V
2817 NE 37TH ST.
FT. LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

3/7/2006

ANNUAL REPORT

DOCUMENT # P94000049291

1. Entity Name
BAYVIEW ENTERPRISES, INC.



ATTACHMENT

66013595

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K17442

1. Entity Name
ALIMED HOME HEALTH, INC.



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H54696

1. Entity Name
ALIMED LABORATORY, INC.



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000042694

1. Entity Name
AMERX, INC.



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K17447

1. Entity Name
AMERCHEM ENTERPRISES, INC.



Bank of America
ACH R/T 063100277

3025

63-4/630 FL
893

4/17/2006

ALIMED LABS, INC.
1028 N.E. 45TH ST. 954-771-4155
OAKLAND PARK, FL 33334

PAY TO THE ORDER OF Florida Department of State

**750.00

Seven Hundred Fifty and 00/100*****

DOLLARS

Florida Department of State
Division of Corporations

K17447-H54696-P9700042694-P94000049291-K17442

MEMO

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE