

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103200

FILED  
Jul 24, 2007  
Secretary of State

Entity Name: BERNICE ORKIN KAYE FAMILY CORPORATION

**Current Principal Place of Business:**

201 S BISCAYNE BLVD  
SUITE 1600  
MIAMI, FL 33131

**New Principal Place of Business:**

201 S BISCAYNE BLVD  
SUITE 1600(LN)  
MIAMI, FL 33131

**Current Mailing Address:**

201 S BISCAYNE BLVD  
SUITE 1600  
MIAMI, FL 33131

**New Mailing Address:**

201 S BISCAYNE BLVD  
SUITE 1600(LN)  
MIAMI, FL 33131

FEI Number: 65-0731912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOSTRO, LOUIS  
728 CATALONA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVPT ( ) Delete  
Name: SILVER, ARLENE  
Address: 6586 DANIEL CT.  
City-St-Zip: FORT MYERS, FL 33908

Title: DPS ( ) Delete  
Name: KAYE, STUART  
Address: 1556 SERENITY CIR  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART KAYE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

07/24/2007

\_\_\_\_\_  
Date