

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000103402

1. Entity Name

BAY TERRACE APARTMENTS, INC.



FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90032 004 ***150.00

Principal Place of Business

PO BOX 398656
MIAMI, FL 33139

Mailing Address

PO BOX 398656
MIAMI, FL 33139



02122004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0722334

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAI, OI YUET
1311 97TH STREET
BAY HARBOR ISLAND, FL 33154

**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, 2004 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
DP
LAI, COSMO
1311 97TH STREET
BAY HARBOR ISLANDS, FL 33154

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TS
LAI, OI YUET
1311 97TH STREET
BAY HARBOR ISLANDS, FL 33154

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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 exemption stated in Section 119.07(3)(i), 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 #

2/11/04