


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED

**Apr 07, 2005 08:00
Secretary of State**

DOCUMENT # P97000018358 1. Entity Name "HEAVEN'S BAY, INC."	
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Principal Place of Business 8851 N.W. 119 ST. SUITE 2204 HIALEAH GARDENS, FL 33018 US	Mailing Address 8851 N.W. 119 ST. SUITE 2204 HIALEAH GARDENS, FL 33018 US
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0731183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARTA MARIA
8851 N.W. 19TH STREET, SUITE 2204
HIALEAH GARDENS, FL 33018

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000292472 04/07/05 00072 023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RODRIGUEZ, RENE D 8851 N.W. 19TH ST., #2204 HIALEAH GARDENS, FL 33018
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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: Rene D Rodriguez Rene D Rodriguez 4-1-05 305-7256724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #