
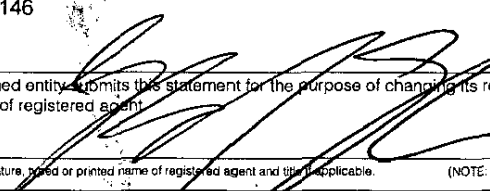
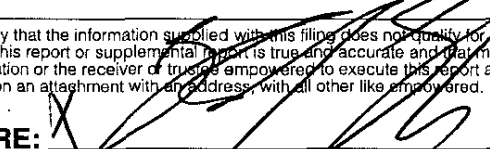


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90390 045 ***150.00

DOCUMENT # P98000016252 1. Entry Name BISCAYNE VILLAS ACQUISITION, CORP.																								
Principal Place of Business PO BOX 330537 MIAMI, FL 33233 US		Mailing Address P.O. BOX 330537 MIAMI, FL 33233 US																						
2. Principal Place of Business 330 Greco Ave Suite 102 Suite, Apt. #, etc. Suite 102 City & State Coral Gables, FL		3. Mailing Address Same as above Suite, Apt. #, etc. City & State Zip Country 																						
4. FEI Number 65-0935762		Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02202004 Chg-P CR2E034 (10/03)																						
6. Name and Address of Current Registered Agent EKONOMOU, NICHOLAS E 330 GRECO AVE 107 MIAMI, FL 33146		7. Name and Address of New Registered Agent Name Nicholas E. Ekonomou Street Address (P.O. Box Number is Not Acceptable) 330 Greco Suite 102 City Coral Gables FL Zip Code 33146																						
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>EKONOMOU, NICHOLAS E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>330 GRECO AVE STE 107</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33146</td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	EKONOMOU, NICHOLAS E		CITY-ST-ZIP	330 GRECO AVE STE 107			MIAMI, FL 33146		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>330 Greco Ave Ste 102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	330 Greco Ave Ste 102		CITY-ST-ZIP		
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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:  4-13-04 (305) 860-1400 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																						