

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90406 002 \*\*\*150.00

<b>DOCUMENT # P98000052075</b> 1. Entity Name <b>BAYVIEW TRANSITIONS, INC.</b>					
Principal Place of Business <b>1440 KENNEDY CAUSEWAY</b> <del>SUITE 1402</del> <b>MIAMI BEACH, FL 33141</b>			Mailing Address <del>1440 KENNEDY CAUSEWAY</del> <del>STE 429 A</del> <del>MIAMI, FL 33141-4135</del>		
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite #110A</b>		3. Mailing Address <b>11601 Biscayne Blvd.</b> Suite, Apt. #, etc. <b>Suite 306</b>			
City & State 		City & State <b>North Miami, FL</b>		4. FEI Number <b>65-0871546</b>	
Zip 		Zip <b>33181</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>BARRIOS, VICTORIA</b> <del>825 BRICKELL BAY DRIVE</del> <b>905 Brickell Bay Drive</b> <del>APT #1444</del> <b>Apt #527</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GOTLSKY, DAVID</b> <input type="checkbox"/> Delete <b>1440 KENNEDY CAUSEWAY, STE. 429A</b> <b>MIAMI, FL 33141</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>BARRIOS, VICTORIA</b> <input type="checkbox"/> Delete <del>825 BRICKELL BAY DRIVE, APT #1444</del> <b>MIAMI, FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>905 Brickell Bay Drive, Apt #527</b> <b>Miami, FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>03/02/04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>305-892-3730</small> <small>Daytime Phone #</small>		