


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90120 001 ***150.00
02-20-2004 90120 002 *****8.75

DOCUMENT # P98000067036					
1. Entity Name BISCAYNE GARAGE, INC.					
Principal Place of Business 2010 NW 1 COURT MIAMI, FL 33127			Mailing Address 2010 NW 1 COURT MIAMI, FL 33127		
2. Principal Place of Business 2010 NW 1 CT Suite, Apt. #, etc.		3. Mailing Address 2010 NW 1 CT Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 54-9612267	
Zip 33127		Country DADA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARABALLO, LEONEL 1511 NW 30 STREET MIAMI, FL 33142			7. Name and Address of New Registered Agent Name: Caraballo, Leonel Street Address (P.O. Box Number is Not Acceptable): 1511 NW 30 ST City: MIAMI FL Zip Code: 33142		
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARRECHEA, DOMINGO 2050 ALAMANDRA DR CORAL GABLES, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Arrechea Domingo 2050 Alameda Dr FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLAMARINA, CARLOS 5581 NW 7TH ST APT 208 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfredo Moreton 425 E 33rd St Lot 32 FL 33013	
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.					
SIGNATURE: <u>Domingo Arrechea</u> / 4/6/43055762815					