


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90032 008 ***150.00

DOCUMENT # P98000081151	
1. Entity Name BISCAYNE ENVIRONMENTAL, INC.	

Principal Place of Business 9620 NE 2 AVENUE SUITE 209 MIAMI SHORES FL 33138 US	Mailing Address 9620 NE 2 AVENUE SUITE 209 MIAMI SHORES FL 33138 US
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2. Principal Place of Business 1075 N.E. 125 STREET SUITE 202 NORTH MIAMI, FL 33161 USA	3. Mailing Address 1075 N.E. 125 STREET SUITE 202 NORTH MIAMI, FL 33161 USA
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1st MOORE CR2E034 (10/05)

4. FEI Number 65-0864147		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ETTMAN, DAVID 9620 NE 2 AVENUE SUITE 209 MIAMI SHORES FL 33138/		7. Name and Address of New Registered Agent DAVID ETTMAN 1075 N.E. 125 STREET, SUITE 202 NORTH MIAMI, FL 33161

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 DAVID ETTMAN, PRESIDENT DATE 2/20/2006

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ETTMAN, DAVID 1761 CLEVELAND RD MIAMI BEACH FL 33141 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: DAVID ETTMAN, PRESIDENT DATE 2/20/06 305-893-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #