

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90015 035 ***150.00

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05222006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000012982			
1. Entity Name 116-BISCAYNE PETROLEUM, INC			
Principal Place of Business 2401 NW 30TH AVE MIAMI, FL 33142		Mailing Address 2401 NW 30 AVENUE MIAMI, FL 33142	
2. Principal Place of Business 9700 SW 40 St Suite, Apt. #, etc.		3. Mailing Address 9700 SW 40 St Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 3365 Country USA		City & State MIAMI, FL Zip 33165 Country USA	
4. FEI Number 65-0902267		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 PEQUENO, TOMAS 2401 NW 30TH AVE. MIAMI, FL 33142		7. Name and Address of New Registered Agent Name: PEQUENO, TOMAS Street Address (P.O. Box Number is Not Acceptable): 9700 SW 40 St City: MIAMI FL Zip Code: 33165	
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEQUENO, TOMAS 2401 NW 30TH AVE MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEQUENO, TOMAS 9700 SW 40 St MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 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: <u>Tomas Pequeno</u>		Date: <u>5-22-06</u>	Daytime Phone #: <u>305-446-7770</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #