


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V11396</b> 1. Entity Name <b>BISCAYNE MARINE SERVICES, INC.</b>		
Principal Place of Business <b>9500 S DADELAND BLVD SUITE 603 MIAMI, FL 33156 US</b>	Mailing Address <b>P.O. BOX 561009 MIAMI, FL 33256</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LEWIS, JOHN M. 9500 S DADELAND BLVD SUITE 603 MIAMI, FL 33156</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 renouncing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LEWIS, JOHN M 9500 S DADELAND BLVD #603 MIAMI, FL 33156	<b>DO NOT WRITE IN THIS SPACE</b>  UD00000392962 04/26/05-80078-025 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FALK, VICTOR S 9500 S. DADELAND BLVD. #603 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LEWIS, LEE M 9500 S. DADELAND BLVD. #603 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SILVER, JEFFREY A 9500 S. DADELAND BLVD. #603 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <i>John M. Lewis</i> John M Lewis President 4/18/2005 305-670-7812</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		