

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # V11396

1. Entity Name
BISCAYNE MARINE SERVICES, INC.



Principal Place of Business
**9500 S DADELAND BLVD
SUITE 603
MIAMI, FL 33156 US**

Mailing Address
**P.O. BOX 561009
MIAMI, FL 33256**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0318889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, JOHN M.
9500 S DADELAND BLVD
SUITE 603
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS, JOHN M
STREET ADDRESS	9500 S DADELAND BLVD #603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	FALK, VICTOR S
STREET ADDRESS	9500 S. DADELAND BLVD. #603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	LEWIS, LEE M
STREET ADDRESS	9500 S. DADELAND BLVD. #603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	SILVER, JEFFREY A
STREET ADDRESS	9500 S. DADELAND BLVD. #603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

John M Lewis **John M Lewis President** 1/26/07 305-670-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #