
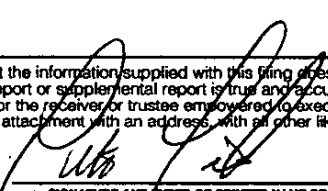


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90042 038 ****61.25

DOCUMENT # 707581					
1. Entity Name BISCAYNE LAKE GARDENS BUILDING "J" INC.					
Principal Place of Business 20200 NE 27 CT. MIAMI, FL 33180		Mailing Address 2865 NE 201 TERR AVENTURA, FL 33180			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1235863	
				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			7. Name and Address of New Registered Agent		
PHANEUF, MAURICE 20200 NE 27 COURT UNIT # J-25 AVENTURA, FL 33180			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHANEUF, MAURICE		NAME		
STREET ADDRESS	20200 NE 27 COURT # J-25		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHANEUF, SYLVIE		NAME		
STREET ADDRESS	20200 NE 27 COURT # J-25		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRELL, S. REGHN		NAME	T	
STREET ADDRESS	19300 W BIRD HWY #G322		STREET ADDRESS	SERVELLIS REGINA	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	19300 W. BIRD HWY #322	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change
NAME	AQUARDO, ERVESTO		NAME	AQUARDO, ERVESTO	
STREET ADDRESS	20200 NE 27 CT J1		STREET ADDRESS	20200 NE 27 CT J-1	
CITY-ST-ZIP	MIAMI, FL 33180		CITY-ST-ZIP	MIAMI, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change
NAME	CICATE, PETER		NAME	FIREMAN LEYDA	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	164 SOUTH ISLAND		STREET ADDRESS	20200 NE 27 CT	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	MIAMI, FL 33180	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change
NAME			NAME	CICATE, Peter	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	164 SOUTH ISLAND	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
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 617, 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: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					