

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707581

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: BISCAYNE LAKE GARDENS BUILDING "J" INC.

**Current Principal Place of Business:**

20200 NE 27 CT.  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2865 NE 201 TERR  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 59-1235863      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHANEUF, MAURICE  
20200 NE 27 COURT  
UNIT # J-25  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHANEUF, MAURICE  
Address: 20200 NE 27 COURT  
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete  
Name: SERRELLIS, REGINA  
Address: 20200 NE 27 CT  
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete  
Name: ARGUADO, ERNESTO  
Address: 20200 NE 27 CT  
City-St-Zip: MIAMI, FL 33180

Title: D ( ) Delete  
Name: KARPOVA, YANA  
Address: 20200 NE 27 CT  
City-St-Zip: MIAMI, FL 33180

Title: S ( ) Delete  
Name: CICALE, PETER  
Address: 164 SOUTH ISLAND  
City-St-Zip: GOLDEN BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE PHANEUF

PD

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date