


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # V39832
 1. Entity Name
 1,000 BISCAYNE, INC.



Principal Place of Business
 3900 GALT OCEAN DRIVE
 APARTMENT 906
 FORT LAUDERDALE, FL 33308

Mailing Address
 3900 GALT OCEAN DRIVE
 APARTMENT 906
 FORT LAUDERDALE, FL 33308

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04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0344175 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATZMON, SARA
 3900 GALT OCEAN DRIVE
 APARTMENT 906
 FORT LAUDERDALE, FL 33308

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ATZMON, ABRAHAM
STREET ADDRESS	3900 GALT OCEAN DR, APT 906
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	S
NAME	ATZMON, SARA
STREET ADDRESS	3900 GALT OCEAN DR, APT 906
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000309452
 04/16/05-80097-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Abraham Atzmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-13-05 Daytime Phone #: 954-561-4313

ABRAHAM ATZMON