


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
2522 N.W. 63RD LANE
BOCA RATON, FL 33496

Mailing Address
2522 N.W. 63RD LANE
BOCA RATON, FL 33496



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, SIDNEY
2522 N.W. 63RD LANE
BOCA RATON, FL 33496

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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, 2008 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, SIDNEY
STREET ADDRESS	2522 N.W. 63RD LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	S
NAME	ATZMON, SIDNEY
STREET ADDRESS	2522 N.W. 63RD LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE 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: SIDNEY ATZMON, Sidney Atzmon 2/13/08 954-232-1633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #