2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 302982

FILED Apr 17, 2008 08:00 A Secretary of State

BAL HARBOUR MANOR INC.

Principal Place of Business

10190 COLLINS AVE. US BAL HARBOUR, FL 33154

Mailing Address

10190 COLLINS AVE. BAL HARBOUR, FL 33154

US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04142008 No Chg-P

4. FEI Number 59-1287048 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M. 1111 LINCOLN RD MALL SUITE 500 MIAMI BEACH, FL 33139

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 # epplicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		- Control of the Cont	or agriculture	o roquited whom realizing)	DATE					
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	U00000903121 04/30/08-80033-008_150.00					
10.	OFFICERS AND DIRECT	TORS								
TITLE	PD	· · · · · · · · · · · · · · · · · · ·								
NAME	DALTON, DIANA									
STREET ADDRESS	10190 COLLINS AVE									
CITY-ST-ZIP	MIAMI BEACH, FL 33154									
TITLE	VD									
NAME	CARMEL, RICHARD									
STREET ADDRESS	10190 COLLINS AVE									
CITY-ST-ZIP	MIAMI BEACH, FL 33154									
TITLE	D									
NAME	FABER, BARBARA									
STREET ADDRESS	10190 COLLINS AVE			DO	NOT MOITE					
CITY-ST-ZIP	MIAMI BEACH, FL 33154			טע	NOT WRITE					
TITLE	TD			INI .	THIS SPACE					
NAME	BEGIER, NANCY			117	I TIO SPACE					
STREET ADDRESS	10190 COLLINS AVE									
CITY-ST-ZIP	BAL HARBOUR, FL									
TITLE	SD									
NAME	CULLEN, PATRICIA									
STREET ADDRESS	10190 COLLINS AVE									
CITY-ST-ZIP	MIAMI BEACH, FL 33154		•		4					

12. Thereby certify that the information supplied with this filling 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.

SI	GI	VΔ	TI	ı	R	E:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF