
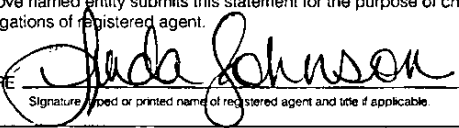
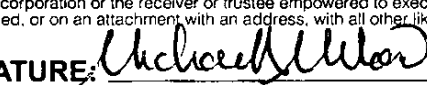


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90161 036 \*\*\*\*61.25

|  |                            |  |  |  |  |
|--|----------------------------|--|--|--|--|
| <b>DOCUMENT # 702839</b>   |                            |  |  |         |  |
| 1. Entity Name<br>BALMORAL APARTMENTS INC  |                            |  |  |  |  |
| Principal Place of Business<br>350 COLLINS AVENUE<br>MIAMI BEACH, FL 33139   |                            |  | Mailing Address<br>350 COLLINS AVENUE<br>MIAMI BEACH, FL 33139 |  |  |
| 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<br>59-1034138  |  |
|  |                            |  |  | Applied For<br>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                    |  |  |
| JOHNSON, LINDA<br>LJ SERVICES GROUP<br>350 COLLINS AVE<br>MIAMI BEACH, FL 33139  |                            |  | 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   |                            |  |  | DATE 2/28/06   |  |
| Signature typed or printed name of registered agent and title if applicable  |                            |  |  | (NOTE: Registered Agent signature required when reinstating)                             |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |                            | 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 checked="" type="checkbox"/> Delete                                       | TITLE  | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HASLOBE, FRED              |  | NAME   | MICHAEL A. MILAN   |  |
| STREET ADDRESS   | 350 COLLINS AVE., APT. 107 |  | STREET ADDRESS   | 350 COLLINS AVE, Apt 102   |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33139      |  | CITY-ST-ZIP  | MIAMI BEACH, FL 33139  |  |
| TITLE  | TD                         | <input checked="" type="checkbox"/> Delete                                       | TITLE  | VPD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | MILAN, MICHAEL             |  | NAME   | ADELE DI PRUSCIA   |  |
| STREET ADDRESS   | 350 COLLINS AVE, APT 102   |  | STREET ADDRESS   | 350 COLLINS AVE, APT. 312  |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33139      |  | CITY-ST-ZIP  | MIAMI BEACH, FL 33139  |  |
| TITLE  | D                          | <input checked="" type="checkbox"/> Delete                                       | TITLE  | STD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MENDIBLE, CELINA           |  | NAME   | MANUEL RODRIGUEZ   |  |
| STREET ADDRESS   | 350 COLLINS AVE, APT 208   |  | STREET ADDRESS   | 350 COLLINS AVE, APT. 105  |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33139      |  | CITY-ST-ZIP  | MIAMI BEACH, FL 33139  |  |
| TITLE  | TD                         | <input checked="" type="checkbox"/> Delete                                       | TITLE  | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | RODRIGUEZ, NANUEL          |  | NAME   | FRED HASLOBE   |  |
| STREET ADDRESS   | 350 COLLINS AVE., APT. 105 |  | STREET ADDRESS   | 350 COLLINS AVE, APT. 107  |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33139      |  | CITY-ST-ZIP  | MIAMI BEACH, FL 33139  |  |
| TITLE  |                            | <input type="checkbox"/> Delete  | TITLE  | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                            |  | NAME   | SAM BECK   |  |
| STREET ADDRESS   |                            |  | STREET ADDRESS   | 350 COLLINS AVE, APT 104   |  |
| CITY-ST-ZIP  |                            |  | CITY-ST-ZIP  | MIAMI BEACH, FL 33139  |  |
| TITLE  |                            | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                            |  | NAME   |  |  |
| STREET ADDRESS   |                            |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                            |  | CITY-ST-ZIP  |  |  |
| 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 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: 2/28/06  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |  |  | MICHAE A. MILAN  |  |
|  |                            |  |  | 305-674-7321   |  |
|  |                            |  |  | 404-873-1011   |  |
|  |                            |  |  | Daytime Phone #  |  |