


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02948</b>	
1. Entity Name <b>THE TIFFANY OF BAL HARBOUR, INC.</b>	

Principal Place of Business <b>1455 W. SHERBROOKE ST., STE. 200 MONTREAL, QUEBEC, CANADA H3G 1L2, XX</b>	Mailing Address <b>1455 W. SHERBROOKE ST., STE. 200 MONTREAL, QUEBEC, CANADA H3G 1L2, XX</b>
---	---

**DO NOT WRITE IN THIS SPACE**



07072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2047992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENSPOON, MARDER, HIRSCHFELD, ET AL  
 100 W. CYPRESS CREEK ROAD  
 SUITE 700  
 FORT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUGER, SOL 1455 SHERBROOKE ST. W., NO: 2108 MONTREAL, QUEBEC H3G 1L2,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRONSTEIN, MORRIE 1 WOOD AVENUE #1405 MONTREAL, QUEBEC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRAZIN, LOUIS 12 FALLBROOK PLACE HAMPSTEAD, QUEBEC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENBERG, SAM 3577 ATWATER, APT. 1408 MONTREAL, QUEBEC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000571594  
 07/21/06-80002-017 150.00

**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 reports 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #