FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90214 033 ***150.00

2004 FOR PROFIT CORPORATION	10
DOCUMENT # P03000142922	

1. Entity Name ONE BAL HARBOUR 8F, INC. Mailing Address Principal Place of Business 94073668 2939 N E 191ST ST STE 900 2999 N E 1918T ST STE 900 AVENTURA, FL 33100 Mismi BEACH Cla 3314 Miam. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03182004 Cha-P City & State 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional Zip Country Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALD J. KAHN ESO. 317-71 STREE Miami BEACH, Flore da 33141 DNALD SCHIFFMAN, ADAM RESO Street Address (P.O. Box Number is Not Acc 2999 N E 191ST ST STE 900 AVENTURA EL 22400 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be ं FILE NOW!!! FEE 🕏 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE ☐ Addition MR EGO DONALD KANN ESTA TOTE GOO 317-71 STREET THILE;, NAME NAME STREET ADDRESS STREET ADDRESS Mipmi BEACH . FLA CITY-ST-ZIP CITY-ST-ZIP 33/4/ 🗆 Delete Change Addition TITLE ` TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: