


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-28-2006 90125 019 ***150.00

66008983

DOCUMENT # P04000124851					
1. Entity Name BALHARBOUR UNION CORPORATION					
Principal Place of Business 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131			Mailing Address 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131		
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 APPLIED FOR 20-1789167	
				Applied For 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		
FIGUEROA, JUAN A 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASKENAZI, SIMON MASRI		NAME		
STREET ADDRESS	1428 BRICKELL AVENUE, SUITE 206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULI, ELIAS DANIEL		NAME		
STREET ADDRESS	1428 BRICKELL AVENUE, SUITE 206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
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		
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		
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 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: <i>[Signature]</i>		Date: 4/3/06		Daytime Phone: 786-4873656	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT - 06008983
#204000124851

JUAN A. FIGUEROA, P.A., C.P.A.
1428 BRICKELL AVENUE, SUITE 206
MIAMI, FL. 33131

TELEPHONE (305) 448-5844
FAX (305) 416-4060

GENERAL INSTRUCTIONS FOR FILING TAX RETURNS

FORM NO. 2006-1 INVOICE REP. TO BACHACOUR UNION CORP.

MAIL BEFORE 5-1-06

- 1) **PLEASE SIGN AT (X)**
 You and your wife each are to sign at (X). See Page (s) _____
 You are to sign at (X). See Page (s) _____
 One officer of the corporation sign at (X). See Page (s) _____
 Enter date signed at (X) _____
 Indicate title at (X) _____
 Signature must be notarized _____
 Print your name at (X). See Page (s) _____
 Indicate phone number at (X) _____

- 2)
 No remittance necessary
 Write check in the amount of \$ 150.00
 Enter your employer identification number on your check _____
 Enter your social security number on your check _____
 Enter your certificate number on your check _____
 Enter your account number on your check _____

- 3) **MAKE CHECK PAYABLE TO:**
 Internal Revenue Service
 Florida Department of Revenue
 Your Bank DEPARTMENT OF STATE
Florida

- 4) **MAIL THE REPORT AND CHECK TO:**
 Internal Revenue Service, Ogden, Utah 84201, for Corporations
 Internal Revenue Service Center, Atlanta, Ga. 39901, for Individuals
 Florida Dept. of Revenue, 5050 W. Tennessee St., Tallahassee, Fl. 32399
 Internal Revenue Service Center, Philadelphia, Pa. 19255, for Foreigners
 Your Bank located at _____
 Use envelope attached

DETACH THIS FORM BEFORE MAILING