

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90041 035 \*\*\*150.00

**20005816**




01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0766381 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**DOCUMENT # P97000056953**  
1. Entity Name  
NORTH BAY INVESTORS, INC.



Principal Place of Business Mailing Address  
7924 EAST DRIVE C/O ROSEN & COMPANY, 150 SE 2 AVENUE  
PENTHOUSE SUITE #1200  
NORTH BAY VILLAGE, FL 33141 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
FABER, RUDOLF  
7924 EAST DRIVE  
PENTHOUSE  
NORTH BAY VILLAGE, FL 33141

**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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABER, RUDOLF 7924 EAST DRIVE PENTHOUSE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FABER, WALTRAUD 7924 EAST DRIVE PENTHOUSE NORTH BAY VILLAGE, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 20005816  
Date Daytime Phone #