


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00**  
**Secretary of Stat**

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



Principal Place of Business  
**7924 EAST DRIVE  
 PENTHOUSE  
 NORTH BAY VILLAGE, FL 33141**

Mailing Address  
**C/O ROSEN & COMPANY, 160 SE 2 AVENUE  
 SUITE #1200  
 MIAMI, FL 33131**



01102005 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0766381**

Applied For  
 Not Applicable

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

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

**DO NOT WRITE IN THIS SPACE**

9. 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 fee if applicable. (For the Registered Agent signature required when filing this) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 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	PO 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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 02/02/06-80026-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall be 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: Rudolf Faber **01-20-06 / 786-291-8176**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #