2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# F97000000128

Entity Name: FBA II, INC.

Current Principal Place of Business:

601 BISCAYNE BLVD.
C/O RAQUEL LIBMAN
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

601 BISCAYNE BLVD.
C/O RAQUEL LIBMAN
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0716608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PENINSULA REGISTERED AGENT, INC
200 S. BISCAYNE BOULEVARD
43RD FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: ARISON, MICKY
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: VPS ( ) Delete
Name: WOOL ORTH, ERIC S
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete
Name: FRANK, HOWARD S
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: VPT ( ) Delete
Name: SCHULMAN, SAMUEL D
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: LIBMAN, RAQUEL
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL D. SCHULMAN VPT 01/12/2006

Electronic Signature of Signing Officer or Director — Date