2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J43294

1. Entity Name
HIGHLAND BEACH REAL ESTATE HOLDINGS, INC.

Principal Place of Business	Mailing Address
4612 S. OCEAN BLVD HIGHLAND BEACH, FL 33487 US	4612 S. OCEAN BLVD HIGHLAND BEACH, FL 33487 US

DO NOT WRITE IN THIS SPACE

04072006 No Chg P CR2E034 (11/05)

4. FEI Number
98-0115183
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILANI, CAMILLO D
4612 S. OCEAN BLVD
HIGHLAND BEACH, FL 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DPV
NAME	MILANI, LUCIA
STREET ADDRESS	4612 S. OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	ST
NAME	MILANI, CAMILLO D
STREET ADDRESS	4612 S. OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000522119
05/03/06-80018-004 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: CAMILLO MILANI April 12 06 (561) 272-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #