

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02948**

1. Entity Name  
**THE TIFFANY OF BAL HARBOUR, INC.**



Principal Place of Business  
**1455 W. SHERBROOKE ST., STE. 200  
MONTREAL, QUEBEC, CANADA  
H3G 1L2, XX**

Mailing Address  
**1455 W. SHERBROOKE ST., STE. 200  
MONTREAL, QUEBEC, CANADA  
H3G 1L2, XX**



07072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2047992**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREENSPOON, MARDER, HIRSCHFELD, ET AL  
100 W. CYPRESS CREEK ROAD  
SUITE 700  
FORT LAUDERDALE, FL 33309**

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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  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LUGER, SOL
STREET ADDRESS	1455 SHERBROOKE ST. W., NO: 2108
CITY- ST- ZIP	MONTREAL, QUEBEC H3G 1L2,
TITLE	VD
NAME	BRONSTEIN, MORRIE
STREET ADDRESS	1 WOOD AVENUE #1405
CITY- ST- ZIP	MONTREAL, QUEBEC,
TITLE	TD
NAME	DRAZIN, LOUIS
STREET ADDRESS	12 FALLBROOK PLACE
CITY- ST- ZIP	HAMPSTEAD, QUEBEC,
TITLE	VSD
NAME	GREENBERG, SAM
STREET ADDRESS	3577 ATWATER, APT. 1408
CITY- ST- ZIP	MONTREAL, QUEBEC,
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000571594  
07/21/06-80002-017 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #