## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J01241

1. Entity Name

HARRIS BALTUCH, INC.

FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business 21491 HIGHLAND LKS BLVD NORTH MIAMI BEACH, FL 33179 Mailing Address

21491 HIGHLAND LKS BLVD NORTH MIAMI BEACH, FL 33179



DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-2678103
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PRICHASON, FRED G. 16931 N.E. 6TH AVENUE NORTH MIAMI BEACH, FL 33162

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat   | named entity submits this statement for the places of registered agent.      | urpose of changing its registered of                      | office or a | egistered agent, or bo                          | th, in the State of Florida. I am familiar with, and   | accept               |
|--|--|---|-------------|---|--|----------------------|
| 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<br>After May 1, 2006 Fee will be \$550.00                                    |  | 9. Election Campaign Financin<br>Trust Fund Contribution. | g 🗆         | \$5.00 May Be<br>Added to Fees                  | U00000514815<br>04/29/06-80187-003   | iEm n                |
| 10.  | OFFICERS AND DIREC   | TORS  |             |   |  | <u>. i. i. i. i.</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PST<br>BALTUCH, HARRIS NEAL<br>21491 HIGHLAND LKS BLVD<br>N. MIAMI BEACH, FL |   |             |   | ·  |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BALTUCH, HARRIS NEAL<br>21491 HIGHLAND LKS BLVD<br>N. MIAMI BEACH, FL   |   |             |   |  |                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |             | DO  | NOT WRITE  |                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |             | IN T  | THIS SPACE   |                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |             |   |  |                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |             |   |  | A-1                  |
| indicated  | on this report of supplemental report is true at                             | nd accurate and that my signature                         | shall has   | re the same legal effec                         | Rorida Statutes. I further certify that the information of made under oath; that I am an officer or dies, and that my name appears in Block 10 or Block. | rentor               |