

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
**4612 S. OCEAN BLVD
HIGHLAND BEACH, FL 33487 US**

Mailing Address
**4612 S. OCEAN BLVD
HIGHLAND BEACH, FL 33487 US**



04072006 No Chg: P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 **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**

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**U00000522119
05/03/06-80018-004 150.00**

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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]* **CAMILLO D MILANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12 / 06 (561) 272-3303
Date Daytime Phone #