


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # M42145

1. Entity Name
 BAY HARBOR INTERNATIONAL REALTY, INC.



Principal Place of Business
 PO BOX 546945
 SURFSIDE, FL 33154 US

Mailing Address
 PO BOX 546945
 SURFSIDE, FL 33154 US

DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2743371

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERSMAN, MOSES
 3530 MYSTIC POINTE DR #3115
 AVENTURA, FL 33180

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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 Moses Herman MOSES HERSMAN 4/10/04

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000112165
 04/14/04-80011-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	HERMAN, MOSES
STREET ADDRESS	PO BOX 546945
CITY - ST - ZIP	SURFSIDE, FL 33154
TITLE	D
NAME	HERSMAN, MOSES
STREET ADDRESS	P O BOX 546945
CITY - ST - ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Moses Herman MOSES HERSMAN 4/10/04 786-486-9805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #