

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077643

**FILED**  
**Feb 15, 2005**  
**Secretary of State**

**Entity Name:** NORTH BAY PROPERTIES, INC.

**Current Principal Place of Business:**

5500 COLLINS AVE, APT 1702  
MIAMI BEACH, FL 331402501

**New Principal Place of Business:**

**Current Mailing Address:**

5500 COLLINS AVE, APT 1702  
MIAMI BEACH, FL 331402501

**New Mailing Address:**

**FEI Number:** 65-1038219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULTACK, WILLIAM  
5500 COLLINS AVE. APT. 1702  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MULTACK, WILLIAM E  
Address: 5500 COLLINS AVE, APT 1702  
City-St-Zip: MIAMI BEACH, FL 331402501

Title: D (X) Delete  
Name: MULTACK, JOELLEN  
Address: 5500 COLLINS AVE, APT 1702  
City-St-Zip: MIAMI BEACH, FL 331402501

Title: D ( ) Delete  
Name: MULTACK, SPENCER J  
Address: 5500 COLLINS AVE, APT 1702  
City-St-Zip: MIAMI BEACH, FL 331402501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MULTACK

D

02/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date