


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90122 045 ***150.00

DOCUMENT # P00000106871		
1. Entity Name BAY HARBOR EXECUTIVE OFFICES, INC.		
Principal Place of Business 1045 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	Mailing Address P.O. Box 546945 SURFSIDE, FL 33154	



05192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1060999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERSMAN, MOSES 1055 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	DO NOT WRITE IN THIS SPACE
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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 HERSMAN** *Moses Hersman* **5/20/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERSMAN, MOSES P.O. Box 546945 1055 KANE CONCOURSE SURFSIDE, FL 33154 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHERMAN, OPELIA P.O. Box 546945 1055 KANE CONCOURSE SURFSIDE, FL 33154 BAY HARBOR ISLANDS, FL 33154
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Hersman* **MOSES HERSMAN** **5/20/05** **786-486-9805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #