

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90352 031 ***150.00

DOCUMENT # P01000005962

1. Entity Name
BAL HARBOUR REAL ESTATE, INC.



Principal Place of Business
**9553 HARDING AVE, STE 304
SURFSIDE, FL 33154**

Mailing Address
**9553 HARDING AVE, STE 304
SURFSIDE, FL 33154**

2. Principal Place of Business
9553, Harding Ave

Suite, Apt. #, etc.
304

City & State
SURFSIDE FL

Zip
33154

Country
DADE

3. Mailing Address
9553, Harding Ave

Suite, Apt. #, etc.
304

City & State
SURFSIDE FL

Zip
33154

Country
DADE

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1069702

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUBINO, BARBARA A
10275 COLLINS AVE
#703
BAL HARBOUR, FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when changing)

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**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BAYLEY, FERNANDO**
STREET ADDRESS **16900 N BAY RD #1908**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **DVT** ☐ Delete
NAME **CHELLE, ELIA**
STREET ADDRESS **16900 N BAY RD #1908**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **DS** ☐ Delete
NAME **RUBINO, BARBARA A**
STREET ADDRESS **10275 COLLINS AVE #727**
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **BAYLEY, FERNANDO**
STREET ADDRESS **8855 COLLINS AVE # 2F**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DVT** ☒ Change ☐ Addition
NAME **CHELLE, ELIA**
STREET ADDRESS **8855 COLLINS AVE # 2F**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 file empowered.

SIGNATURE: **Elia Chelle**

04.29.2004

305.868.7292

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #