04/22/2006 11:54 3059947530 JULIAN

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Secretary of State
05-08-2006 90273 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000005962

1. Entity Name

BAL HARBOUR REAL ESTATE, INC.

Principal Place of Business	Mailing Address
9653 HARDING AVE. STE 304 SURFSIDE FL 33154 US	1150 NW 72ND AVE 555 MIAMI FL 33126 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
9597 Harding Av.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside	City & State
Zip: 33154 Country	Zip Country

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	7. Name and Address of New 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OP BAYLEY, FERNANDO 8855 COLLINS AVE. #2F SURFSIDE FL 33154	☐ Delete	DVT ENRIQUE MARIANO FERRES 8855 Collins Av #2F SURFSIDE FL 33154.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT CHELLE, ELIA 16900 N BAY RD #1908 SUNNYISLES BEACH FL 33160	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RUBINO, BARBARA A 10275 COLLINS AVE #727 BAL HARBOUR FL 33154	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Fernando Bayley 3-23-06 786 426 9237
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Fernando Bayley Date Daytime Phone #