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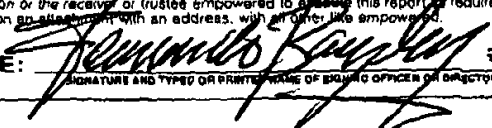
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JULIAN

FILED
May 08, 2006 8:00 am
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 9653 HARDING AVE. STE 304 SURFSIDE FL 33154 US		Mailing Address 1150 NW 72ND AVE 535 MIAMI FL 33126 US	
2. Principal Place of Business 9577 Harding Av.		3. Mailing Address Suite, Apt. R, etc.	
City & State Surfside		City & State 	
Zip 33154		Country 	
4. FEI Number 65-1089702		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. 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.	
7. Name and Address of Current Registered Agent RUBINO, BARBARA A 10275 COLLINS AVE #703 BAL HARBOUR FL 33154		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE Signature, type in printed name of registered agent and file a application (NOTE: Registered Agent signature required after reappointing)			
8. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		9. Make Check Payable to Florida Department of State	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ENRIQUE MARIANO FERRE 8855 COLLINS AV # 2F SURFSIDE FL 33154.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CHELLE, ELIA 16900 N BAY RD #1008 SUNNYISLES BEACH FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUBINO, BARBARA A 10275 COLLINS AVE #727 BAL HARBOUR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 prepare 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 another like empowered.			
SIGNATURE: 		3-23-06 786 426 9237	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone	