
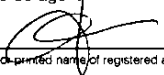
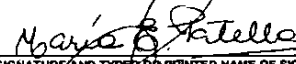


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 033 \*\*\*150.00

<b>DOCUMENT # P01000005962</b> 1. Entity Name <b>BAL HARBOUR REAL ESTATE, INC.</b>					
Principal Place of Business <b>1111 KANE CONCOURSE #509</b> <b>BAY HARBOUR ISLAND, FL 33154 US</b>			Mailing Address <b>1150 NW 72ND AVE</b> <b>555</b> <b>MIAMI, FL 33126 US</b>		
2. Principal Place of Business - No P.O. Box # <b>12550 Biscayne Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b># 204</b>			
City & State <b>NORTH MIAMI FLORIDA</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1069702</b>	
Zip <b>33181</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RECALDE, RUBEN D</b> <b>1111 KANE CONCOUSE</b> <b>#509</b> <b>BAY HARBOR ISLAND, FL 33154</b>				7. Name and Address of New Registered Agent Name <b>JULIAN HERNANDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1150 NW 72ND AVE</b> <b># 555</b> City <b>MIAMI FL 33126 FL</b> Zip Code <b>33126</b>	
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: <b>04.28.08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>PATELLA, MARIA E</b> <b>9999 COLLINS AVE. AP.32</b> <b>BAL HARBOUR, FL 33154</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>ALFREDO YAFFE</b> <b>12550 BISCAYNE BLVD # 204</b> <b>NORTH MIAMI FL 33181</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>FERRES, ELIA M</b> <b>9999 COLLINS AVE #3J</b> <b>BAY HARBOUR, FL 33154</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>CHELLE, MILTON J</b> <b>9999 COLLINS AVE #32</b> <b>BAL HARBOUR, FL 33154</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>JENTZ, JESSICA J</b> <b>8855 COLLINS AVE #2F</b> <b>SURFSUDE, FL 22154</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>CHELLE, ELIA M</b> <b>9999 COLLINS AVE AP 3J</b> <b>BAL HARBOUR, FL 33154</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>BAYLEY, FERNANDO</b> <b>9999 COLLINS AVE AP 3J</b> <b>BAL HARBOUR, FL 33154</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			04.28.08 786.426.9237		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		