2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # P03000091273 1. Entity Name ONE BAL HARBOUR 2B, INC.					04-22-2005	5 90276 032 ***15	0.00	
Principal Place of Business 2999 NE 191 ST. #900 AVENTURA, FL 33180 Mailing Address 17600 COLLINS AVE. SUNNY ISLES BEACH, FL 33160)	1 81000		TIT GOLIFO INIBER MUNICIPATION SORBO IN	I nd : (1 1 89)	
2. Principal Place of Business 11600 Collins Avenue	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03102005	Chg-P	CR2E034 (10/03)		
City & State SUNNY Isles Beh. FL City & State				4. FEI Numb 59-377		 	plied For t Applicable	
33160 United States	Zip	Countr	У		of Status Desired	S8.75 Add Fee Required		
6. Name and Address of Current	Registered Agent		Name .	7. Name and	Address of New I	Registered Agent		
SCHIFFMAN, ADAM R ESQ. 2999 N.E. 191ST ST., STE. 900 AVENTURA, FL 33180	999 N.E. 191ST ST., STE. 900			Street Address (P.O. Box.Number is Not Acceptable) 176 COLINS A VENUE				
		İ	City SUNN	y Esles	Belo	FL 320 Cod	,	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Registered agent and the first applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, Roed a distant rame of legislered agent	and title if applicable. (NOT	E: Registered	Agent signature	a required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campa	ign Finand tribution.	<u> </u>	\$5.00 May Be . Added to Fees		DATE	Zie	
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12. Thereby early that the information supplied with this limit does not quality for the exemption stated in section 113-05(f), rholds stateds. Indirect entry 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/05 305

305-917-7600