## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000091273

Entity Name

ONE BAL HARBOUR 2B, INC.



FILED
May 01,-2006 08:00 AN
Secretary of State

Principal Place of Business

17600 COLLINS AVENUE

#8

SUNNY ISLES BEACH, FL 33160

Mailing Address

17600 COLLINS AVE.

SUNNY ISLES BEACH, FL 33160

## DO NOT WRITE IN THIS SPACE

04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3773606

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBAYNA, MARIA G 17600 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its regi	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Reg	istered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	U00000557710 05/17/06-80063-011 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE	PSTD		1		
NAME	VILAR, CONSUELO		ı		
STREET ADDRESS	17600 COLLINS AVENUE		1		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160				
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12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06

305-917-765