**FILED**
**Apr 14, 2008 8:00 am**
**Secretary of State**
04-14-2008 90058 032 ***150.00

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122596

1. Entity Name
ONE BAL HARBOUR SC, INC.

40068493

| Principal Place of Business | Mailing Address |
|---|---|
| 2999 N.E. 191ST STREET<br>SUITE 900<br>AVENTURA, FL 33180 | 2999 N.E. 191ST STREET<br>SUITE 900<br>AVENTURA, FL 33180 |

03052008 Chg-P CR2E034 (12/05)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2750 NE 185th Street | 2750 NE 185th Street |
| Suite, Apt. #, etc.: 2nd Floor | Suite, Apt. #, etc.: 2nd Floor |
| City & State: Aventura, FL | City & State: Aventura, FL |
| Zip: 33180 Country: | Zip: 33180 Country: |

4. FEI Number: 59-3773813 ☐ 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 |
|---|---|
| SCHIFFMAN, ADAM R ESQ.<br>2999 N.E. 191ST STREET<br>SUITE 900<br>AVENTURA, FL 33180 | Name: Schiffman, Adam R., Esq.<br>Street Address (P.O. Box Number is NOT Acceptable): 2750 NE 185th Street<br>2nd Floor<br>City: Aventura FL Zip Code: 33180 |

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, 2008 Fee will be $550.00

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTSD<br>SOCI, MARIA MIRCA<br>%ADAM SCHIFFMAN, 2999 NE 191 ST., STE 900<br>AVENTURA, FL 33180 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTSD<br>Soci de Conde, Maria Mirca<br>2750 NE 185th Street, 2nd Floor<br>Aventura, FL 33180 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Conde, Stephanie<br>2750 NE 185th Street, 2nd Floor<br>AVentura, FL 33180 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Conde, Sabrina<br>2750 NE 185th Street, 2nd Floor<br>Aventura, FL 33180 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Conde, Melanie<br>2750 NE 185th Street, 2nd Floor<br>AVentura, FL 33180 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR