FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90305 001 ***961.25

ANNU	Secret		
DOCUMENT # P0400048601 1. Entity Name BAL BAY SURF REALTY, INC.		04-29-2005	
Principal Place of Business	Mailing Address	OOOLOO	
1108 KANE CONCOURSE, STE 307	1108 KANE CONCOURS		

1. Entity Name BAL BAY	BAL BAY SURF REALTY, INC.							
	e of Business CONCOURSE, STE 307 ISLANDS, FL 33154	Mailing Address 1108 KANE CONCOURSE, BAY HARBOR ISLANDS, FL	STE 307 . 33154				+ 4000 63 700 676	211 N FA M
2. Principal Pr	ace of Business	3. Mailing Address						
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			04272005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		4. FELNumber 56-25	51094	4		plied For Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired		8.75 Addi eo Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Add	ress of New Re	gistered Aç	jent	
HAIMAN, E				P.O. Box Number is f	Not Acceptable)			
# 5A	OUR, FL 33154							
DALTAND			City			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its rec	gistered office or register	red agent, or both, in	the State of Flori	ida. Lam fa	miliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and tale applicable. (NOTE: Re	egistered Agent signature required	when renstating)		OATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		.00 May Bo led to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFIC	CERS AND I	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HAIMAN, BARRY 284 BAL BAY DR, #5A BAL HARBOUR, FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRESS CHY-SI-ZIP				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 CHY-SI-ZIP				☐ Change	Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
l indicated	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee emporation	true and accurate and that my	signature shall have the	same legal effect as	it made under o	atn: that I ar	n an oilicer	or director