## 2004 FOR PROFIT CORPORATION

## May 03, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000062269 05-03-2004 90715 048 \*\*\*150.00 ONE BAL HARBOUR 10F, INC. Mailing Address Principal Place of Business 94079632 2999 N.E. 191ST STREET., SUITE 900 2999 N.E. 191ST STREET., SUITE 900 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) 4. FEI Number 59-3713638 City & State City & State Applied For Not Applicable \$8.75 Additional Fee Required Zip Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHIFFMAN, ADAM R ESQ Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191ST STREET., SUITE 900 AVENTURA, FL 33180 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 1.33. 1. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE . Delete TITLE Change ☐ Addition NAME SCHIFFMAN, ADAM R ESQ NAME STREET ADDRESS 2999 N.E. 191ST STREET., SUITE 900 STREET ADDRESS CITY-ST-ZIP-AVENTURA, FL 33180 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP----CITY-ST-ZIP DIFFELO: Tu Di Delete Goden ☐ Change L. R. E. J. Mol. Dep NAME NAME . TEATH CLUBSO HE CONTRACTOR STREET ADDRESS CITY-ST-ZIP TREATMENT TOTAL TOTAL 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ADAM R. SCHIFFMAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

**FILED** 

Daytime Phone #