


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90125 019 \*\*\*150.00

66008983

<b>DOCUMENT # P04000124851</b>					
1. Entity Name <b>BALHARBOUR UNION CORPORATION</b>					
Principal Place of Business <b>1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131</b>			Mailing Address <b>1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR 20-1789167</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FIGUEROA, JUAN A 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered 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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ASKENAZI, SIMON MASRI 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SULI, ELIAS DANIEL 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		Date: 4/3/10/06 Daytime Phone: 4786-4873656			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

06008983

#204000124851

JUAN A. FIGUEROA, P.A., C.P.A.

1428 BRICKELL AVENUE, SUITE 206  
MIAMI, FL. 33131

TELEPHONE (305) 448-5844  
FAX (305) 416-4060

**GENERAL INSTRUCTIONS FOR FILING TAX RETURNS**

FORM NO. 2006-1 Individual TO BALHACOUR UNION CORP.

MAIL BEFORE 5-1-06

**1) PLEASE SIGN AT (X)**

- ☐ You and your wife each are to sign at (X). See Page (s) \_\_\_\_\_  
☐ You are to sign at (X). See Page (s) \_\_\_\_\_  
☒ One officer of the corporation sign at (X). See Page (s) \_\_\_\_\_  
☒ Enter date signed at (X) \_\_\_\_\_  
☐ Indicate title at (X) \_\_\_\_\_  
☐ Signature must be notarized \_\_\_\_\_  
☒ Print your name at (X). See Page (s) \_\_\_\_\_  
☒ Indicate phone number at (X) \_\_\_\_\_

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**2)**

- ☒ No remittance necessary  
☒ Write check in the amount of \$ 150.00  
☒ Enter your employer identification number on your check \_\_\_\_\_  
☐ Enter your social security number on your check \_\_\_\_\_  
☐ Enter your certificate number on your check \_\_\_\_\_  
☐ Enter your account number on your check \_\_\_\_\_

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**3) MAKE CHECK PAYABLE TO:**

- ☐ Internal Revenue Service  
☐ Florida Department of Revenue  
☒ Your Bank DEPARTMENT OF STATE  
*Florida*

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**4) MAIL THE REPORT AND CHECK TO:**

- ☐ Internal Revenue Service, Ogden, Utah 84201, for Corporations  
☐ Internal Revenue Service Center, Atlanta, Ga. 39901, for Individuals  
☐ Florida Dept. of Revenue, 5050 W. Tennessee St., Tallahassee, Fl. 32399  
☐ Internal Revenue Service Center, Philadelphia, Pa. 19255, for Foreigners  
☐ Your Bank located at \_\_\_\_\_  
☒ Use envelope attached \_\_\_\_\_

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**DETACH THIS FORM BEFORE MAILING**