7

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000089628

1. Entity Name

THE BROWNSTONES OF BAY HARBOR, INC.



FILED Apr 23, 2007 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

BIGNATURE AND TYPED OR PRINTE

9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 Mailing Address

9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154



04102007

No Chg-P

CR2E034 (11/05)

3058618181

4. FEI Number 37-1512113

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE 28TH FLOOR MIAMI, FL 33131

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d 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	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fung Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAUBER, IRWIN E 9551 EAST BAY HARBOR DRIVE BAY HARBOR, FL 33154				
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	•	,			U00000729562
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	05/02/07-80077-012 158.75
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 path; 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.					

NAME OF SIGNING OFFICER OR DIRECTOR