2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000084794

1. Entity Name
NORTH MIAMI BEACH COUNSELORS, INC.

Principal Place of Business	Mailing Address
9350 W. BAY HARBOR DR.	9350 W. BAY HARBOR DR.
3	3A
BAY HARBOR, FL 33154 US	BAY HARBOR, FL 33154 US

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0437358	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FASS, CAROL
9350 W. BAY HARBOR DR.
BAY HARBOR, FL 33154

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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_____

Signature, typed or printed name of registered agent and title if applicable   (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. ☐	**$5.00** May Be Added to Fees	U0N00N403323 02/06/06-80002-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FASS, CAROL
STREET ADDRESS	9350 W. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR, FL 33154

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   CAROL FASS   1/11/06   305 933-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #