

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000109042

FILED
Mar 06, 2006
Secretary of State

Entity Name: BABOR INSTITUT CORP. PALM BEACH

Current Principal Place of Business:

340 ROYAL POINCIANA PLAZA
STE 301
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

340 ROYAL POINCIANA WAY
STE 303
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0803249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CAIN, PAUL DR.
Address: 340 ROYAL POINCIANA WAY #301
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: RIETFORT, HEINZ-DIETER
Address: 340 ROYAL POINCIANA WAY #301
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: VOSSEN, LEO P DR.
Address: 340 ROYAL POINCIANA WAY #301
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: KLEINE-TEBBE, JUTTA
Address: 340 ROYAL POINCIANA WAY #301
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: QUAST, MANFRED
Address: 340 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: RIETFORT, HEINZ-DIETER
Address: 340 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. PAUL CAIN

PRES

03/06/2006

Electronic Signature of Signing Officer or Director

Date