


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90183 013 ****61.25

DOCUMENT # 742878 1. Entity Name HARBOR 29, INC.	
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40082164



Principal Place of Business HARBOR 29 CONDO APT 4A OR 4C MIAMI, FL 33137	Mailing Address 710 NE 29 ST. MIAMI, FL 33137
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04102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-1980917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
AMINOFF, JOSEPH ESQ. 407 LINCOLN RD. SUITE 9A MIAMI BEACH, FL 33139	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution <input type="checkbox"/>	

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO RAMIREZ, LUIS 710 NE 29TH STREET AC MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREGORIO, CARLOS 710 NE 29TH STREET #2-A MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RIVERO, J.R. 710 NE 29TH STREET 4-A MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: X Luis Ramirez 4/23/07
SIGNATURE TYPED OR PRINTED NAME OF Elected OFFICER OR DIRECTOR