


2011 **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # 742878**

1. Entity Name  
HARBOR 29, INC



**FILED**  
11 MAY 10 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
HARBOR 29 CONDO  
APT 4A OR 4C  
MIAMI, FL 33137

Mailing Address  
710 NE 29 ST.  
MIAMI, FL 33137



2. Principal Place of Business - No P.O. Box #  
Suite, Apt #, etc.

3. Mailing Address  
Suite, Apt #, etc.

04102007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1880917

Applied For  
Not Applicable

City & State  
Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 releasing)

Filing Fee is \$61.25 Due by May 1, 2011

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. State Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PD RAMIREZ Luis 710 NE 29th APT 4C PRESIDENT	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300207472509 05/10/11--01028--004 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SD marie Florence BEAUBIEN Condon 710 NE 29th P.H. SECRET	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 <del>ESTHER AM... 710 NE 29th APT 4C</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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* PRESIDENT 4/27/11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #