


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90077 003 ***150.00

DOCUMENT # P98000003977							
1. Entity Name 9301 EAST BAY HARBOR, INCORPORATED							
Principal Place of Business P.O. BOX 452124 MIAMI, FL 33245			Mailing Address P.O. BOX 452124 MIAMI, FL 33245				
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		
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number 65-0813683			
				Applied For Not Applicable			
				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SARAFAN, RICHARD 100 SOUTHEAST 2ND ST. 36TH FLOOR MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, JORGE		NAME	JORGE RODRIGUEZ			
STREET ADDRESS	801 BRICKELL AVE., STE 880		STREET ADDRESS	1581 BRICKELL AVE., STE 907			
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33129			
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	YALIS CASANOVA			
STREET ADDRESS			STREET ADDRESS	1581 BRICKELL AVE., STE 907			
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33129			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 		JORGE RODRIGUEZ		4/2/08			
SIGNATURE READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			