### 2007 FOR PRÉFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P98000017274**

1. Entity Name

HARBOUR PLAZA MARKETING INC.



FILED
Mar 29, 2007 08:00 A
Secretary of State

Principal Place of Business

20803 BISCAYNE BLVD.

ADD BISCATNE BLVD

400 Aventura, FL 33180 Mailing Address

20803 BISCAYNE BLVD.

400

AVENTURA, FL 33180



## DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0944391 Applied For Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

# DO NOT WRITE IN THIS SPACE

5. The above named entity submits this statement for	the purpose of changing its registered office or	r registered agent, or both, in the State of Flori	da. I am familiar with, and accept
the obligations of registered agent.			
NT /A			

SIGNATURE\_\_\_\_\_

N/ F

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS TITLE CHOW, SUSAN NAME STREET ADDRESS 22ND FLOOR HUTCHISON HOUSE CITY-ST-ZIP 10 HARCOURT RD HONG KONG, DVP TITLE NAME LAI, DOMINIC STREET ADDRESS 22ND FLOOR HUTCHISON HOUSE C/TY-ST-ZIP 10 HARCOURT ROAD HONG KONG, DS TITLE SHIH, EDITH MS NAME STREET ADDRESS 22ND FLOOR HUTCHISON HOUSE CITY-ST-ZIP 10 HARCOURT ROAD HONG KONG TIT1 F nΤ NAME KOH, P.C. STREET ADDRESS 22ND FLOOR HUTCHISON HOUSE CITY-ST-ZIP 10 HARCOURT RD HONG KONG, DP TITLE NAME CHOW, RAYMOND STREET ADDRESS 22ND FLOOR HUTCHISON HOUSE CITY-ST-ZIP 10 HARCOURT ROAD HONG KONG. NAME STREET ADDRESS CITY-ST-7IP

: U00000682494 04/05/07-80005-009 150.00

### DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

follman eels

(P.C.Koh, Dir/Treasurer)

23/3/2007

+852 2123 1888

Date

Daytime Phone #