


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Feb 13, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # S60138</b> 1. Entity Name 290 HARBOR DRIVE CORPORATION	
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<b>Principal Place of Business</b> 417 E SHERIDAN STREET # 129 DANIA BEACH, FL 33004-4603 US	<b>Mailing Address</b> 417 E SHERIDAN STREET # 129 DANIA BEACH, FL 33004-4603 US
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02062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0302258</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEL VALLE, MILLY  
% SAGE SOLUTIONS, INC.  
417 E SHERIDAN STREET, # 129  
DANIA BEACH, FL 33004-4603

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL VALLE, MILLY 417 E SHERIDAN STREET # 129 DANIA BEACH, FL 330044603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALLAN, GERDA 11787 S DIXIE HWY # 115 MIAMI, FL 33156
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02/16/04-80041-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Milly Del Valle Milly Del Valle John 8549277185

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #