


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S60138
 1. Entity Name
 290 HARBOR DRIVE CORPORATION



Principal Place of Business 417 E SHERIDAN STREET # 129 DANIA BEACH, FL 33004-4603 US	Mailing Address 417 E SHERIDAN STREET # 129 DANIA BEACH, FL 33004-4603 US
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0302258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 11767 S DIXIE HWY # 115 MIAMI, FL 33156
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 02/21/05-80004-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 2/4/05 9549277185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #