

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 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**



02212008 No Chg-F CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0302258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE	P
NAME	OEL VALLE, MILLY
STREET ADDRESS	417 E SHERIDAN STREET # 129
CITY-ST-ZIP	DANIA BEACH, FL 330044603
TITLE	S
NAME	CALLAN, GERDA
STREET ADDRESS	11767 S DIXIE HWY # 115
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80012-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERDA CALLAN

4/17/06

(305) 412-1341

Date

Daytime Phone #