

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 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



01052007 No Chg-P CR2E034 (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 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

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DEL 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000640698  
02/28/07-80077-006 150.00

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/07 (305) 412-1341