2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 227699

Entity Name: HARBOR-BY-THE-SEA, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
401 COLLINS AVENUE MIAMI BEACH, FL 33139							
Current Mailing Address:			New Mailing Address:				
401 COLLINS AVENUE MIAMI BEACH, FL 33139			C/O BLUE LEAF MANAGEMENT, P.O BOX 190239 MIAMI BEACH, FL 33119				
FEI Number:	59-2770333	FEI Number Applied For ()	FEI Num	nber Not Appli	cable () Ce	ertificate of Status Desired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
BAILLEUL, DOMINIQUE BLUE LEAF MANAGEMENT 601 COLLINS AVENUE SUITE G MIAMI BEACH, FL 33139 US 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.							
SIGNATURE: Electronic Signature of Registered Agent Date							
Election Campaign Financing Trust Fund Contribution ().						Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
OFFICERS AND DIRECTORS.							
Title: Name: Address: City-St-Zip:	PD () E SARAPUCHIELLO 401 COLLINS AV MIAMI BEACH, FI	E #19		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	VD () E ECHAZABAL, HUI 401 COLLINS AV MIAMI BEACH, FI	E #23		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	TD () C SKRUODYS, KOS 401 COLLINS AV MIAMI BEACH, FI	E #24		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	SD () C STEPHENSON, K 401 COLLINS AV MIAMI BEACH, FI	E #26		Title: Name: Address: City-St-Zip:	SD (X) Ch BERNIE, BERMAN 401 COLLINS AVE MIAMI BEACH, FL	#04	
Title: Name: Address: City-St-Zip:	D () E SARAPUCHIELLO 401 COLLINS AV MIAMI BEACH, FI	E #12		Title: Name: Address: City-St-Zip:	D (X) Ch STERN, SHIRLEY 401 COLLINS AVE MIAMI BEACH, FL		
Title: Name: Address: City-St-Zip:	D () C CAPIELLO, AMAI 401 COLLINS AV MIAMI BEACH, FI	E #22		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SARAPUCHIELLO PD 04/30/2007