

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90020 039 \*\*\*150.00

<b>DOCUMENT # 448982</b> 1. Entity Name <b>HARBOUR SHOPPING CENTER, INC.</b>			
Principal Place of Business <b>71 HARBOR DR KEY BISCAINE, FL 33149</b>		Mailing Address <b>166 HARBOR DR APT 6 KEY BISCAINE, FL 33149 US</b>	
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <b>30 W. Mashta Dr. Suite 400</b>	
Suite, Apt. #, etc. <i>Same as above</i>		Suite, Apt. #, etc. <b>Suite 400</b>	
City & State <b>Key Biscayne FL</b>		City & State <b>Key Biscayne FL</b>	
Zip <b>33149</b>	Country <b>USA</b>	4. FEI Number <b>59-1537798</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LANCASTER, KENNETH M. CPA 50 W MASHTA DRIVE SUITE 6 KEY BISCAINE, FL 33419</b>		7. Name and Address of New Registered Agent <b>Max D. Puyanic, do Commadore Realty, Inc. 30 W. Mashta Dr. Suite 400 Key Biscayne FL 33149</b>	
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: <i>[Signature]</i> <b>Max D. Puyanic</b> DATE: <b>2/8/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOWLES, HARRY 166 HARBOR DRIVE #4 KEY BISCAINE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RICE, JOHN F 166 HARBOR DRIVE #6 KEY BISCAINE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, JOSEPHINE 166 HARBOR DRIVE #6 KEY BISCAINE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, DORIS 166 HARBOR DRIVE #4 KEY BISCAINE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHEW, CATHERINE 615 OCEAN DRIVE, APT. #9L KEY BISCAINE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/8/08</b> Daytime Phone #: <b>305-365-5949</b>	