

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 448982

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: HARBOUR SHOPPING CENTER, INC.

## Current Principal Place of Business:

71 HARBOR DR  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

300 W. MASHTA DR.  
SUITE 400  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

30 W. MASHTA DR.  
SUITE 400  
KEY BISCAYNE, FL 33149 US

FEI Number: 59-1537798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAY D. PUYANIC DO COMMODORE REALTY, DOC  
30 W. MASHTA DR.  
SUITE 400  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

MAY D. PUYANIC C/O COMMODORE REALTY, INC.  
30 W. MASHTA DR.  
SUITE 400  
KEY BISCAYNE, FL 33149 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: MAX D. PUYANIC

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: KNOWLES, HARRY,  
Address: 166 HARBOR DRIVE #4  
City-St-Zip: KEY BISCAYNE, FL 00000,

Title: CD ( ) Delete  
Name: RICE, JOHN F,  
Address: 166 HARBOR DRIVE #6  
City-St-Zip: KEY BISCAYNE, FL 00000,

Title: PD ( ) Delete  
Name: RICE, JOSEPHINE,  
Address: 166 HARBOR DRIVE #6  
City-St-Zip: KEY BISCAYNE, FL 00000,

Title: D ( ) Delete  
Name: KNOWLES, DORIS,  
Address: 166 HARBOR DRIVE #4  
City-St-Zip: KEY BISCAYNE, FL 00000,

Title: SD ( ) Delete  
Name: RHEW, CATHERINE,  
Address: 615 OCEAN DRIVE, APT. #9L  
City-St-Zip: KEY BISCAYNE, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAX D. PUYANIC

RA

01/29/2009

Electronic Signature of Signing Officer or Director

Date