2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 712379

1. Entity Name
HARDING HALL CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
8233 HARDING AVE. MIAMI BEACH, FL 33141 US	14275 S.W. 142 AVE MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address C/o PMSC
Suite, Apt. #, etc.	Suite, Apt. #, etc. 8099 Coral Way
City & State	City & State Miami FL
Zip Country	Zip 33155 Country

02052008   Chg-NP   CR2E037 (12/06)

4. FEI Number
59-1200336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUPERMAN, MARC A 7695 SW 104 STREET 210 PINECREST, FL 33156	Name PMSC Street Address (P.O. Box Number is Not Acceptable) 8099 Coral Way Miami, FL 33155

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: Demolina Henry Demolina   2-08-08

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAAD, MIRLAN		NAME		
STREET ADDRESS	8233 HARDING AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREZ, JULIO		NAME		
STREET ADDRESS	8233 HARDING AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEMOLINA, HENRY		NAME		
STREET ADDRESS	8233 HARDING AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 617, 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: Demolina Henry Demolina 2-08-08   305 868.8671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #