

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90010 011 \*\*\*\*61.25

**DOCUMENT # 742878**

1. Entity Name

HARBOR 29, INC.



Principal Place of Business

710 NE 29 ST.  
APT. 4-C  
MIAMI FL 33137

Mailing Address

710 NE 29 ST  
APT. 4-C  
MIAMI FL 33137



2. Principal Place of Business

*Harbor 29, Inc.*  
Suite, Apt. #, etc.  
*Apt 4A or 4C*  
City & State  
*Miami, FL*

3. Mailing Address

*710 NE 29 ST*  
Suite, Apt. #, etc.  
*APT 4C*  
City & State  
*MIAMI FL*

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1980917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMINOFF, JOSEPH ESQ.  
407 LINCOLN RD.  
SUITE 9A  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE PD ☐ Delete  
NAME RAMIREZ, LUIS  
STREET ADDRESS 710 NE 29TH STREET AC  
CITY-ST-ZIP MIAMI FL 33137

TITLE SD ☐ Delete  
NAME GREGORIO, CARLOS  
STREET ADDRESS 710 NE 29TH STREET #2-A  
CITY-ST-ZIP MIAMI FL 33137

TITLE TD ☐ Delete  
NAME RIVERO, J.R.  
STREET ADDRESS 710 NE 29TH STREET 4-A  
CITY-ST-ZIP MIAMI FL 33137

TITLE VPD ☒ Delete  
NAME BAH, MURTUZA M  
STREET ADDRESS 710 NE 29 ST APT 1A  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

*3/2/06*