

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90062 010 ****61.25

DOCUMENT # 742878

1. Entity Name
HARBOR 29, INC.



Principal Place of Business
**HARBOR 29 CONDO
APT 4A OR 4C
MIAMI, FL 33137**

Mailing Address
**710 NE 29 ST.
MIAMI, FL 33137**

40111041



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1980917

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAMIREZ, LUIS 710 NE 29TH STREET #C APT 4C MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREGORIO, CARLOS 710 NE 29TH STREET #2-A MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RIVERO, J.R. 710 NE 29TH STREET 4-A MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #