


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 753139</b> 1. Entity Name <b>HARVARD CLUB OF MIAMI, INC.</b>	
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Principal Place of Business <b>%TRAUM, PH 1275 1320 S DIXIE HWY MIAMI, FL 33146 US</b>	Mailing Address <b>55 SOUTH PROSPECT DRIVE CORAL GABLES, FL 33133 US</b>
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01152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2062598</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TRAUM, SYDNEY S C/O LEVEY, AIRAN, SHEVIN, ETAL 1320 SOUTH DIXIE HWAY- PENTHOUSE 1275 MIAMI, FL 33146</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAUM, JUDITH 55 S PROSPECT DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ESSERMAN, JIM 16041 SW 77 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GARDINER, JANET P 14920 SW 74 AVE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRAUM, SYDNEY S 1320 S DIXIE HWY, PENTHOUSE 1275 CORAL GABLES, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GERSTL, RON 7425 SW 144 TERR MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CROCKETT, JEFFREY 6055 SW 92ND ST MIAMI, FL 33156

<p>U00000535083 01/23/07-80025-015 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Sydney S. Traum Sydney S. Traum, Treasurer 1/17/07 305-661-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #