


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90070 031 \*\*\*\*61.25

<b>DOCUMENT # 753139</b> 1. Entity Name <b>HARVARD CLUB OF MIAMI, INC.</b>					
Principal Place of Business <b>%TRAUM, PH 4275</b> <b>1320 S DIXIE HWY</b> <b>MIAMI, FL 33146 US</b>			Mailing Address <b>55 SOUTH PROSPECT DRIVE</b> <b>CORAL GABLES, FL 33133 US</b>		
2. Principal Place of Business - No P.O. Box # <b>% TRAUM</b> Suite, Apt. #, etc. <b>55 South Prospect Drive</b> City & State <b>Coral Gables FL</b> Zip <b>33133</b> Country <b>USA</b>			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-2062598</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>TRAUM, SYDNEY S</b> <b>C/O LEVEY, AIRAN, SHEVIN, ETAL</b> <b>1320 SOUTH DIXIE HWAY- PENTHOUSE 1275</b> <b>MIAMI, FL 33146</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>% LEVEY, FILLER, et al</b> <b>555 NE 15 Street - suite 104</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33132</b>		
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 <u><i>Sydney S. Traum</i></u> <b>SYDNEY S. TRAUM</b> <u>1/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>TRAUM, JUDITH</b> <b>55 S PROSPECT DR</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP <b>ESSERMAN, JIM</b> <b>16041 SW 77 CT</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP <b>GARDINER, JANET P</b> <b>14920 SW 74 AVE</b> <b>MIAMI, FL 33158</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <b>TRAUM, SYDNEY S</b> <b>1320 S DIXIE HWY, PENTHOUSE 1275</b> <b>CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>55 SOUTH PROSPECT DRIVE</b> <b>CORAL GABLES, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP <b>GERSTL, RON</b> <b>7425 SW 144 TERR</b> <b>MIAMI, FL 33158</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS <b>CROCKETT, JEFFREY</b> <b>6055 SW 92ND ST</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Sydney S. Traum</i></u> <b>SYDNEY S. TRAUM</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/8/08</u> 305-371-5250 <small>Daytime Phone #</small>		