

2011 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H03853

1. Entity Name

HARVARD REALTY, INC.



Principal Place of Business
3135 SW 3RD AVE
SUITE 1613
MIAMI-DADE FL 33129
US

Mailing Address
13611 DEERING BAY DRIVE
SUITE 904
CORAL GABLES FL 33158
US

FILED

11 APR 28 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2407918

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YANAKAKIS, BASIL S.
13611 DEERING BAY DRIVE
SUITE 904
CORAL GABLES FL 33158

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
YANAKAKIS, BASIL S.
13611 DEERING BAY DR SIENA 904
CORAL GABLES FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700205451697
04/28/11--01045--011 **158.75 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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 607, 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: Basil Yanakakis President

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