


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # J03817	
1. Entity Name HARMONY INVESTMENT CORPORATION	

Principal Place of Business 4440 BEACON CIRCLE, #100 W. PALM BCH., FL 33407	Mailing Address 4440 BEACON CIRCLE, #100 W. PALM BCH., FL 33407
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2653917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZANE, JEFFREY
4800 RIVERSIDE DR
STE 101
PALM BEACH GRDNS, FL 33410**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000038901 02/06/04-80156-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE PT	KIRVIN, JAMES J., III
NAME	4800 RIVERSIDE DR #101
STREET ADDRESS	PALM BEACH GARDENS, FL 33410
CITY-ST-ZIP	
TITLE VP	COHEN, JOEL E
NAME	4800 RIVERSIDE DR STE 101
STREET ADDRESS	PALM BEACH GRDNS, FL 33410
CITY-ST-ZIP	
TITLE S	ACKERMAN, GARY
NAME	4800 RIVERSIDE DR #101
STREET ADDRESS	PALM BEACH GARDENS, FL 33410
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2/3/04 (561) 845-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #