


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90450 048 \*\*\*\*61.25

<b>DOCUMENT # N01000009031</b> 1. Entity Name <b>HARMONY DEVELOPMENT CENTER, INC.</b>			
Principal Place of Business <b>1304 SW 160TH AVENUE SUITE 219 SUNRISE, FL 33326</b>		Mailing Address <b>1304 SW 160TH AVENUE SUITE 219 SUNRISE, FL 33326</b>	
2. Principal Place of Business <b>4631 NW 31st AVE</b> Suite, Apt. #, etc. <b>Suite 133</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33319</b> Country <b>USA</b>		3. Mailing Address <b>4631 NW 31st AVE</b> Suite, Apt. #, etc. <b>Suite 133</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33319</b> Country <b>USA</b>	
4. FEI Number <b>80-0004598</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>GOLDMAN, CHARLES J 601 S.FEDERAL HIGHWAY HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>CAMPO, MYRIAM</b> <b>1304 SW 16TH AVE., STE. 219</b> <b>SUNRISE, FL 33326</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PARTIN, MARY</b> <b>1304 SW 16TH AVE., STE. 219</b> <b>SUNRISE, FL 33326</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COSTA, ARTHUR</b> <b>1304 SW 16TH AVE., STE. 219</b> <b>SUNRISE, FL 33326</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.			
<b>SIGNATURE:</b> <i>Myriam Campo</i>		Date <b>04/2/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			