2005 NOT-FOR-PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90758 001 ***228 75 DOCUMENT # N03000010734 1. Entity Name HARBOR HOUSE RESIDENTIAL TREATMENT PROGRAM, INC. Principal Place of Business Malling Address 1825 PONCE DE LEON BLVD. 1825 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 20-0492705 Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, PEDRO 1825 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City 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) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition NAME MARTINEZ, PEDRO NAME STREET ACCRESS 1825 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP ☐ Delete TITLE TILE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-209 CITY-ST-ZIP TITLE ☐ Delete TTT F ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS C/TY+ST+7IP CITY-ST-ZP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP

FILED

Change

☐ Addition

I hereby certify that the information supplied with this filling 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 cath; 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Deleta

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:	<u> </u>		
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Doytine Phone #