


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003848</b> 1. Entity Name <b>HARDING TOWER CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>900 WEST 49TH STREET HIALEAH FL 33012 US</b>		Mailing Address <b>900 WEST 49TH STREET HIALEAH FL 33012 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country



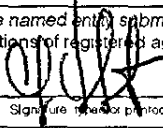
1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-0488498</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>DELATORRE, CLEMENTE J. 900 WEST 49TH STREET SUITE 220 HIALEAH FL 33012</b>	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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  <small>Signature (Name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD FRANCISCO, JOSE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	6801 HARDING AVE. APT 317	NAME	<b>1100000213201</b>
STREET ADDRESS	MIAMI BCH FL 33141	STREET ADDRESS	<b>02/03/05-80060-012 61.25</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SALMAN, EMILIO	NAME	
STREET ADDRESS	4530 ALTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BLANCO, JOSE	NAME	
STREET ADDRESS	6801 HARDING AVENUE UNIT 304	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FERNANDEZ, LUIS A	NAME	
STREET ADDRESS	6801 HARDING AVE 317	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TORRES, ERNESTO	NAME	
STREET ADDRESS	6801 HARDING AVENUE, #505	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PAREDES, ZENAIDA	NAME	
STREET ADDRESS	6801 HARDING AVE # 201	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

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