
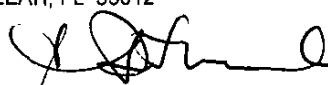
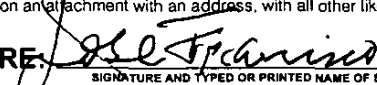


**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 16 PM 3:27

DOCUMENT # N93000003848			
1. Entity Name HARDING TOWER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6801 HARDING AVENUE MIAMI BEACH, FL 33141 US		Mailing Address 900 WEST 49TH STREET STE 220 HIALEAH, FL 33012 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELATORRE, CLEMENTE J. 900 WEST 49TH STREET SUITE 220 HIALEAH, FL 33012		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, JOSE	NAME	000131447200
STREET ADDRESS	900 W 49 ST STE. 220	STREET ADDRESS	06/18/08--01037--001 **\$61.25
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTANA, MANUEL O	NAME	Ramirez, Benny
STREET ADDRESS	900 W 49 ST. STE. 220	STREET ADDRESS	900 W. 49 St. Ste 220
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERANDEZ, PATRICIO A	NAME	TD Santana, Manuel O.
STREET ADDRESS	900 W 49 ST. STE 220	STREET ADDRESS	900 W. 49 St. Ste. 220
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAREDES, ZENAIDA	NAME	
STREET ADDRESS	900 W 49 ST STE 220	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAVO, RAGNAR	NAME	D. Reyes, Mario
STREET ADDRESS	900 W 49 ST STE 220	STREET ADDRESS	900 W. 49 St. Ste. 220
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.			
SIGNATURE		DATE	
Signature and typed or printed name of signing officer or director		Date	
		06/12/08	
PRESIDENTE		305-821-7668	