

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044796

Entity Name: HARMONY 420, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2019 WEST PLATT STREET
TAMPA, FL 33606

New Principal Place of Business:

303 SOUTH MELVILLE AVENUE
TAMPA, FL 33606

Current Mailing Address:

2019 W PLATT STREET
TAMPA, FL 33606 US

New Mailing Address:

303 SOUTH MELVILLE AVENUE
TAMPA, FL 33606

FEI Number: 20-3430141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, THOMAS
2019 WEST PLATT STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ORTIZ, THOMAS
303 SOUTH MELVILLE AVENUE
TAMPA, FL 33606 US

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.

SIGNATURE:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORTIZ, THOMAS
Address: 2019 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: HANNOUCHE, PETER A
Address: 2019 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: SCOTT, CHRISTOPHER
Address: 2019 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ORTIZ, THOMAS
Address: 303 SOUTH MELVILLE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ORTIZ

PVST

04/22/2009

Electronic Signature of Signing Officer or Director

Date