

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90062 031 \*\*\*150.00

<b>DOCUMENT # P03000041156</b> 1. Entity Name <b>HARBORWOOD REALTY CORP.</b>			
Principal Place of Business <b>18400 WEST DIXIE HWY SUITE D NORTH MIAMI BEACH, FL 33160</b>		Mailing Address <b>18400 WEST DIXIE HWY SUITE D NORTH MIAMI BEACH, FL 33160</b>	
2. Principal Place of Business - No P.O. Box # <b>19089 W. DIXIE HIGHWAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>19089 W. DIXIE HIGHWAY</b> Suite, Apt. #, etc.	
City & State <b>N. MIAMI BEACH, FL</b> Zip <b>33180</b>		City & State <b>N. MIAMI BEACH, FL</b> Zip <b>33180</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>35-2202029</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHIDLOWSKY, HOWARD 18400 WEST DIXIE HWY SUITE D NORTH MIAMI BEACH, FL 33160</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>19089 W. DIXIE HIGHWAY</b> City <b>N. MIAMI BEACH, FL</b> Zip Code <b>33180</b>	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SHIDLOWSKY, HOWARD</b> <b>18400 WEST DIXIE HWY</b> <b>NORTH MIAMI BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19089 W. DIXIE HIGHWAY</b> <b>N. MIAMI BEACH, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>HOWARD SHIDLOWSKY</b>		Date <b>4/9/08</b> (35) 935-6533 Daytime Phone #	