2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000162939 04-18-2005 90283 039 ***158.75 1. Entity Name TRG-HARBOUR HOUSE HOLDING, INC. Principal Place of Business Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145, MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 CR2E034 (10/03) 4. FEI Number 20 - 19.Ψ1 City & State City & State Applied For Not Applicable Zip Zip . Country 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 HERNANDEZ, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 City Zip Code 6. 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 reduired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Defete TITLE PEREZ, JORGE M NAME NAME 828 CORALWAY-2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change **Addition** TITLE TITLE RNANDEZ, ANGEL NAME NAME 2828 CORALWAY-PH1 MIAMIFL 33145 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 2828 COR AL CITY-ST-ZIP CITY-ST-ZIP

FILED

Apr 18, 2005 8:00 am Secretary of State

☐ Change

Addition

12. I hereby certify that the information supplied with this filing 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 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 NGEL HERNANDE.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Delete

☐ Detete

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

CITY-ST-ZIP