


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90144 049 ***150.00

DOCUMENT # P92000006551		
1. Entity Name HARBIE DEVELOPMENT, INC.		
Principal Place of Business 10200 NW 25TH ST #205 MIAMI, FL 33172 US	Mailing Address 10200 NW 25TH ST #205 MIAMI, FL 33172 US	



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0371591	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HARBIE, YOUSSEF 10200 NW 25TH ST #205 MIAMI, FL 33172	Jack Falk, Admin. Ad Litem 550 Biltmore Way Suite 810, Coral Gables, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS HARBIE, MIKHAEL 10200 NW 25TH ST MIAMI, FL <i>Delete</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Administrator Administrator Ad Litem- Court Jack Falk <i>Appointed</i> 550 Biltmore Way, Suite 810 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature Admin. Ad Litem 4/29/04 305.529.1500