

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000021491

**FILED**  
**Apr 07, 2007**  
**Secretary of State**

**Entity Name:** HARDING POINT APARTMENTS, INC.

**Current Principal Place of Business:**

2040 N.E 163RD ST.  
N. MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

20941 N.E 21  
N. MIAMI BEACH, FL 33179 US

**New Mailing Address:**

**FEI Number:** 65-0398011      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATTAS, SHLOMO  
20941 N.E 21 COURT  
N. MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ATTAS, SHLOMO  
Address: 20941 N.E 21 CT.  
City-St-Zip: N. MIAMI, FL 33179  
  
Title: VP ( ) Delete  
Name: OZ, ACHIAZ  
Address: 20941 N.E 21 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179  
  
Title: ST ( ) Delete  
Name: ATTAS, LILY  
Address: 20941 N.E 21 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRS

04/07/2007

\_\_\_\_\_  
Date