

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90024 036 \*\*\*150.00

**DOCUMENT # P93000081614**

1. Entity Name  
**HARDOR CORPORATION**



Principal Place of Business  
**18901 NE 29TH AVE.  
STE 101  
AVENTURA, FL 33180 US**

Mailing Address  
**18901 NE 29TH AVE.  
STE 101  
AVENTURA, FL 33180 US**

**DO NOT WRITE IN THIS SPACE**

03012007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0479457**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MELAND & RUSSIN, P.A.  
200 S. BISCAYNE BLVD.  
STE. 2420  
MIAMI, FL 33131**

**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

signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	HARVEY ROSEN
STREET ADDRESS	115 E 80TH APT 9E
CITY - ST - ZIP	NEW YORK, NY 107090
TITLE	P
NAME	DORIS B SUTTIN
STREET ADDRESS	3900 ISLAND BLVD #203
CITY - ST - ZIP	N WB, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *Doris Suttin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07 305-937-1909  
Date Daytime Phone #