

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000013015

1. Entity Name
HARMONY 2000, INC.



FILED

05 JUL -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1501 DELK ROAD
LONGWOOD, FL 32779 US

Mailing Address
1725 OCEAN FRONT WALK
805
SANTA MONICA, CA 90401 US

2. Principal Place of Business
4623 RIVERS EDGE VILLAGE LN

3. Mailing Address

Suite, Apt. #, etc.
UNIT 6205

Suite, Apt. #, etc.

City & State
PONCE INLET, FL

City & State

Zip Country
32127-7289 US

Zip Country

07022005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3583248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODBLATT, AMY E
221 NE IVANHOE BLVD, STE 205
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POLAKOFF, SERGE B ☐ Delete
STREET ADDRESS 1501 DELK ROAD
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME POLAKOFF, SERGE B
STREET ADDRESS 4623 RIVERS EDGE VILLAGE LN UNIT 6205
CITY-ST-ZIP PONCE INLET, FL 32127-7289

TITLE ☐ Change ☐ Addition
NAME 100057476201
STREET ADDRESS 07/14/05--01057--005 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Serge B. Polakoff

SERGE POLAKOFF, PD

07/01/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #