

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000033864

1. Entity Name
HARBOR FINANCIAL SERVICES, INC.



Principal Place of Business
**1717 NORTH BAYSHORE DR
3450
MIAMI, FL 33132**

Mailing Address
**1717 NORTH BAYSHORE DR
3450
MIAMI, FL 33132**



06192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0917800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLAVARRIETA, MICHAEL
1717 NORTH BAYSHORE DRIVE
3450
MIAMI, FL 33132**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000573261
08/03/06-80003-011 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OLAVARRIETA, MICHAEL
1717 N BAYSHORE DR #3450
MIAMI, FL 33132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ORZA, ROBERT
3390 S.W. 72 CT.
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL OLAVARRIETA

Date

7/28/06

Daytime Phone #