

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED P99000053294

DOCUMENT # P99000053294

1. Entity Name
HARBOUR BEACH CORP.



04 APR 26 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O SOFIA POWELL-COSIO, P.A.
1900 S.W. 3RD AVE.
MIAMI, FL 33129

Mailing Address
C/O SOFIA POWELL-COSIO, P.A.
1900 S.W. 3RD AVE.
MIAMI, FL 33129

03-18-04 90048 048 \$150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0927563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL-COSIO, SOFIA ESQ.
1400 S.W. 5 AVE.
MIAMI, FL 33129

CHANGE ADDRESS ->

Name

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

1900 S.W. 3RD AVE.

City MIAMI

FL

Zip Code 33129

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 * Sofia Powell-Cosio

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

(NOTE: Registered Agent signature required when reinstating)

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
DPS
KUHN, ANDRE
CAIXA POTAL 2882
PORTO ALEGRE, BR 90001970

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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

TITLE

Date

Daytime Phone