

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000076097

1. Entity Name
ST. HARP, INC.



FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business
**6001 S W 8TH STREET
MIAMI, FL 33144**

Mailing Address
**6001 S W 8TH STREET
MIAMI, FL 33144**



08042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0944697

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NAVARRO, PEDRO L
12955 S.W. 188 STREET
MIAMI, FL 33177**

**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)

DATE

**FILE NOW!!! FEE IS \$450.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	ESCARPIO, ALDO R
STREET ADDRESS	6001 SW 8 STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	PS
NAME	NAVARRO, PEDRO L
STREET ADDRESS	12955 SW 188 STREET
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957272
08/08/08-80002-004 558.75

**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

Aldo R. Escarpio Aldo R Escarpio 8/5/08

305-266-8785
Daytime Phone #