


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90229 030 ***150.00

DOCUMENT # P99000083906	
1. Entity Name HARMONY CORPORATION OF USA	

Principal Place of Business 1401 DEWEY STREET HOLLYWOOD, FL 33020	Mailing Address 1401 DEWEY STREET HOLLYWOOD, FL 33020
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60001779



2. Principal Place of Business 7800 W OAKLAND PARK BLVD Suite, Apt. #, etc. G-121 City & State SUNRISE, FLORIDA Zip 33351 Country USA	3. Mailing Address 7800 W OAKLAND PARK BLVD. Suite, Apt. #, etc. G-121 City & State SUNRISE, FLORIDA Zip 33351 Country USA
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01062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0949505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAMOTHE, FERNAND 1401 DEWEY STREET HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name LAPIERRE, REJEAN Street Address (P.O. Box Number is Not Acceptable) 7800 W OAKLAND PARK BLVD. #G-121 City SUNRISE FL Zip Code 33351
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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 REJEAN LAPIERRE DATE 1/16/06

Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BONIFACE, YVAN SAINT-ANDRE LES MARCHES, FRANCE, 73800 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Yvan BONIFACE DATE 01/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #