

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 017 ***150.00

DOCUMENT # 161026

1. Entity Name

HARAN BOYS CORPORATION



Principal Place of Business

2920 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118

Mailing Address

2920 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-0643334

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

DOLINER, JEROME
2920 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118

Name
CELESTE DOLINER

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

2920 N. PENINSULA DRIVE

City DAYTONA BEACH

FL

Zip Code 32118

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

Celeste Doliner

1/31/08

Signature of person named in Block 6 or Block 7 (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME DOLINER, CELESTE
STREET ADDRESS 2920 N. PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE PT
NAME DOLINER, JEROME
STREET ADDRESS 2920 N. PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☒ Delete

TITLE V.D.
NAME Harris Doliner
STREET ADDRESS 244 Madison Ave #PHF
CITY-ST-ZIP New York City, N.Y. 10016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S.D.
NAME Richelle Doliner
STREET ADDRESS 2400 North East 9th St #503
CITY-ST-ZIP Ft. Lauderdale, Fla. 33304 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T.D.
NAME Joel Doliner
STREET ADDRESS 13900 South West 104th Avenue
CITY-ST-ZIP Miami, Fla. 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Celeste Doliner

1/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Secretary of State