

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90013 003 \*\*\*150.00

DOCUMENT # 320512

1. Entity Name

THE HARRIS COMPANY, INC.



Principal Place of Business

801 N. VENETIAN DR.  
PHE  
MIAMI FL 33139

Mailing Address

1601 N. PALM AVE  
SUITE 310-C  
PEMBROKE PINES FL 33026

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

2627 S. BAYSHORE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
1804

1st MOORE

CR2E034 (10/06)

City & State

COCONUT GROVE FL

City & State

4. FEI Number

59-1209411

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, DONALD  
1601 N PALM AVE  
310C  
PEMBROKE PINES FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00**  
**After May 1, 2007 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

NAME PTS ☐ Delete  
HARRIS, THERESE  
STREET ADDRESS 801 N. VENETIAN DR. #PHE  
CITY- ST- ZIP MIAMI FL 33139-1007

NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

NAME ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☒ Change ☐ Addition  
STREET ADDRESS 2627 S. Bayshore Dr. #1804  
CITY- ST- ZIP Coconut Grove, FL 33133

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

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

NAME ☐ Change ☐ Addition  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

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

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:

*Therese Harris* THERESE HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07  
Date

305-858-6608  
Daytime Phone #