## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F99000003039

1. Entity Name

HARRISON IMPORT & EXPORT, INC.



Principal Place of Business

121 COMMERCE ROAD BOYNTON BEACH, FL 33426 Mailing Address

P.O. BOX <del>243197</del> 2431/8 BOYNTON BEACH, FL 33424-<del>3197</del> 33/8 FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90412 040 \*\*\*150.00



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01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1706734

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, DANIEL P 121 COMMERCE ROAD BOYNTON BEACH, FL 33426

## DO NOT WRITE IN THIS SPACE

|  |  |   |                 | -                              |   |  |
|--|--|---|-----------------|--------------------------------|---|--|
|  | named entity submits this statement for the $\rho$ ions of registered agent.                         | urpose of changing its registered   | d office or r   | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept  |  |
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if                                    | applicable. (NOTE: Registered   | Agent signature | required when reinstating)     | DATE  |  |
| FILE NUMIN FEE IS 3 ISU.UU                     |  | <ol> <li>Election Campaign Financ<br/>Trust Fund Contribution.</li> </ol> | cing            | \$5.00 May Be<br>Added to Fees |   |  |
| 10.  | OFFICERS AND DIREC   | TORS  |                 |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DPT<br>HARRISON, RENEE<br>6986 CAVIRO LANE<br>BOYNTON BEACH, FL 33437                                |   |                 |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>HARRISON, DANIEL P<br>6986 CAVIRO LANE<br>BOYNTON BEACH, FL 33437                             |   |                 |                                |   |  |
| FITLE NAME STREET ADDRESS CITY-ST-ZIP          | VP COOPERMAN, DENISE HHO CHANTICLEER 7 PAWTUCKET DR CHERRY HILL, NJ 08003                            |   |                 | DO NOT WRITE                   |   |  |
| TIFLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |                 | IN                             | THIS SPACE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |                 |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |                 |                                |   |  |
| 12. I hereby o                                 | certify that the information supplied with this fill on this report or supplemental report is true a | ing does not qualify for the exer   | mptions cor     | ntained in Chapter 11          | 9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director. |  |

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.