


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90005 018 ***150.00

DOCUMENT # J88690	
1. Entity Name HARVARD NECKWEAR CORPORATION	

Principal Place of Business 11870 W. SR 84 SUITE C-6 DAVIE, FL 33325 US	Mailing Address 11870 W. SR 84 SUITE C-6 DAVIE, FL 33325 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0005434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRUBER, PETER G., ESQ. 9100 S. DADELAND BLVD. ONE DATRAN CENTER, SUITE 910 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D LEACE, HENRY 11400 NW 7 ST. PLANTATION ACRES, FL <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	P LEACE, HENRY 11400 NW 7 ST. PLANTATION ACRES, FL <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
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 exemption stated in Section 119.07(3)(i), 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:  **HENRY LEACE** For **4/1/05** **205-5720** 
DATE DAYTIME PHONE #



Division of Corporations

40086933

Annual Report

Document Number

J88690

Business Entity Name

HARVARD NECKWEAR CORPORATION

FEI Number

650005434

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address 170 NE 38th Street

Suite, Apt. #, etc.

City, State Miami FL

Zip Code & Country 33137 US

Mailing Address

Address 170 NE 38th Street

Suite, Apt. #, etc.

City, State Miami FL

Zip Code & Country 33137 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

GRUBER, PETER G., ESQ.

Address

9100 S. DADELAND BLVD.

Suite, Apt. #, etc.

ONE DATRAN CENTER, SUITE 910

City, State

MIAMI FL

Zip Code & Country

33156 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

forgery under s.831.06, Florida Statutes.

40086933
#J88690

Officer/Director Name And Address

Title D
Name (Last, First, Middle, Title) LEACE, HENRY
-or- Entity Name
Street Address 170 NE 38th Street
City, State Miami, FL
Zip Code & Country 33137

Title P
Name (Last, First, Middle, Title)
-or- Entity Name LEACE, HENRY
Street Address 170 NE 38th Street
City, State Miami, FL
Zip Code & Country 33137 us

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

40086933
J 88690

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

P23

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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