2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J88690

1. Entity Name
HARVARD NECKWEAR CORPORATION

Principal Place of Business	Mailing Address
170 NE 38TH STREET MIAMI, FL 33137 US	170 NE 38TH STREET MIAMI, FL 33137 US

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0005434	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUBER, PETER G., ESQ.
9100 S. DADELAND BLVD.
ONE DATRAN CENTER, SUITE 910
MIAMI, FL 33156

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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_____
Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when re-instating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing   ☐   **$5.00** May Be
Trust Fund Contribution   Added to Fees

U00000562510
05/19/06-80058-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LEACE, HENRY
STREET ADDRESS	11400 NW 7 ST.
CITY-ST-ZIP	PLANTATION ACRES, FL

TITLE	P
NAME	LEACE, HENRY
STREET ADDRESS	11400 NW 7 ST.
CITY-ST-ZIP	PLANTATION ACRES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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:_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #