

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J88690

1. Entity Name
HARVARD NECKWEAR CORPORATION



FILED

06 SEP 27 PM 1:59

SEC. TALLAHASSEE, FLORIDA

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

Mailing Address
170 NE 38TH STREET
MIAMI, FL 33137 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08162006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0005434

Applied For
Not Applicable

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

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

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

09/29/06--01008--001 **61.25
400080272904
09/29/06--01008--001 **61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP Finance ☐ Change ☒ Addition
NAME Philip Martucci
STREET ADDRESS 170 NE 38 Street
CITY-ST-ZIP Miami, FL 33137

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

TITLE VP Operations/Loss Prevention ☐ Change ☒ Addition
NAME Alberto Arebalo
STREET ADDRESS 170 NE 38 Street
CITY-ST-ZIP Miami, FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Henry Leace, President

305-572-0266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #