
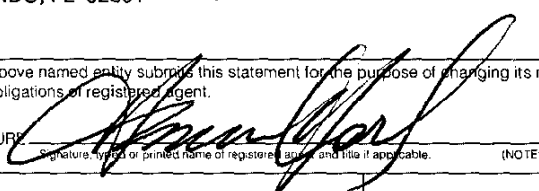
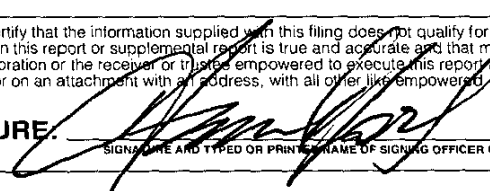


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90061 022 ***158.75

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # J98726 1. Entity Name HARB BROTHERS, INC. | | | |  | |
| Principal Place of Business 3700 34TH STREET 3RD FLOOR ORLANDO, FL 32805 US | | | Mailing Address 3700 34TH ST 3RD FLOOR ORLANDO, FL 32805 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | | |
| 4. FEI Number 59-2859173 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | 01122004 Chg-P CR2E034 (10/03) | | |
| 6. Name and Address of Current Registered Agent SASSO, MICHAEL C ESQ C/O DEMPSEY & SASSO 390 NORTH ORANGE AVENUE, SUITE 2700 ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name HARB, AMINE T Street Address (P.O. Box Number is Not Acceptable) 3700 34TH STREET SUITE 300 City ORLANDO FL Zip Code 32805 | | |
| 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  DATE 1.13.04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS HARB, ATEF TOM 3700 34TH ST ORLANDO, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARB, SUZANE J. 3700 34TH ST ORLANDO, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD HARB, AMINE T. 3700 34TH ST ORLANDO, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
| 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  | | Date 1.13.04 | | Daytime Phone # 407.4224272 | |