FILED
Feb 28, 2005 8:00 am
Secretary of State

01-26-2005 90005 049 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J98726

1. Entity Name
HARB BROTHERS, INC.

Principal Place of Business	Mailing Address
3700 34TH STREET 3RD FLOOR ORLANDO, FL 32805 US	3700 34TH ST 3RD FLOOR ORLANDO, FL 32805 US

DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2859173

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARB, AMINE T
3700 34TH STREET
SUITE 300
ORLANDO, FL 32801

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	HARB, ATEF TOM
STREET ADDRESS	3700 34TH ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	HARB, SUZANE J.
STREET ADDRESS	3700 34TH ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	PCD
NAME	HARB, AMINE T.
STREET ADDRESS	3700 34TH ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Atef Tom Harb, V. Vice President 2/21/05 407 $224172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #