


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000106397</b>		
1. Entity Name HARVARD RETAIL CORP.		

Principal Place of Business 11870 W STATE ROAD 84 SUITE C-6 DAVIE, FL 33325	Mailing Address 11870 W STATE ROAD 84 SUITE C-6 DAVIE, FL 33325
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**FILED**  
04 MAY -7 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 15-1150145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PETER G. GRUBER, P.A.  
9100 SOUTH DADELAND BLVD 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPVS LEACE, HENRY 11870 W STATE ROAD 84 SUITE C-6 DAVIE, FL 33325
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100038425551  
06/29/04--01059--008 \*\*150.00

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* 4/26/04 904-577-8610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #