


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90230 015 \*\*\*150.00

**DOCUMENT # P01000106397**

1. Entity Name  
**HARVARD RETAIL CORP.**



Principal Place of Business      Mailing Address

11870 W STATE ROAD 84 SUITE C-6      11870 W STATE ROAD 84 SUITE C-6  
 DAVIE, FL 33325      DAVIE, FL 33325

**50052586**



2. Principal Place of Business      3. Mailing Address

*170 NE 38 St.*      *DAVIE*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04272005      Chg-P      CR2E034 (10/03)

City & State      City & State

*MIAMI FL 33137*      *DAVIE*

Zip      Country      Zip      Country

*33137*      *MIAMI*           *FL*

4. FEI Number      Applied For

**65-1150145**      Not Applicable

5. Certificate of Status Desired       **\$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**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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	DPVS	<input type="checkbox"/> Delete
NAME	LEACE, HENRY	
STREET ADDRESS	11870 W STATE ROAD 84 SUITE C-6	
CITY - ST - ZIP	DAVIE, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>170 NE 38 St</i>	
CITY - ST - ZIP	<i>MIAMI FL 33137</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *[Signature]*  
 SIGNATURE EMPLOYED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/05*      *305-272-0266*  
 Daytime Phone #

ATTACHMENT  
50052586



Division of Corporations

Annual Report

Document Number  
**P01000106397**  
Business Entity Name  
**HARVARD RETAIL CORP.**

FEI Number 651150145  
FEI Number Status  Applied For  Not Applicable  Current  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

Principal Place of Business

Address 170 N E 38th Street  
Suite, Apt. #, etc.  
City, State Miami, FL  
Zip Code & Country 33137

Mailing Address

Address 170 NE 38th Street  
Suite, Apt. #, etc.  
City, State Miami, FL  
Zip Code & Country 33137

Name And Address of Registered Agent

Name (Last, First, Middle, Title)  
-or- RA Business Name PETER G. GRUBER, P.A.  
Address 9100 SOUTH DADELAND BLVD SUITE 910  
Suite, Apt. #, etc.  
City, State MIAMI, FL  
Zip Code & Country 33156 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

ATTACHMENT

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forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title DPVS  
 Name (Last, First, Middle, Title) LEACE, HENRY  
 -or- Entity Name  
 Street Address 170 NE 38th Street  
 City, State Miami, FL  
 Zip Code & Country 33137

Title  
 Name (Last, First, Middle, Title)  
 -or- Entity Name  
 Street Address  
 City, State  
 Zip Code & Country

Title  
 Name (Last, First, Middle, Title)  
 -or- Entity Name  
 Street Address  
 City, State  
 Zip Code & Country

Title  
 Name (Last, First, Middle, Title)  
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 Street Address  
 City, State  
 Zip Code & Country

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 -or- Entity Name  
 Street Address  
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# ATTACHMENT

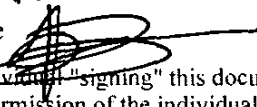
5002586  
# P01000106397

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*MB*  


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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