## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000002148** 1. Entity Name 04-29-2004 90247 047 \*\*\*150.00 HARÉBEAR, INC. Principal Place of Business. Mailing Address 8578 LOGIA CIRCLE 8578 LOGIA CIRCLE 94072454 **BOYNTON BEACH, FL 33437** BOYNTON BEACH, FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Cho-P Applied For City & State City & State 4 PENTUME Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent \_6.\_Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH, FL 33139 Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE TANNER, HARRY NAME NAME STREET ADDRESS 8578 LOGIA CIRCLE STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Detete TITLE Change TITLE NAME NAME 35 1 LBC+5 . 11 TAND EFT HIS HISK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME y 1. 2004 Fee will be 8530 93 STREET ADDRESS STREET ADDRESS HOMITE ATTS 12 EXPOSTO CITY-ST-ZIP CITY-ST-ZIP 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 attackment of the corporation of the receiver of the corporation of the receiver of 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 attackment of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of taun

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**