


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

04-28-2004 90168 041 ***150.00
 05-03-2004 90407 041 ***150.00

DOCUMENT # P03000034650

1. Entity Name
HARPSERVE (USA) INC.



Principal Place of Business
**C/O COAST-TO-COAST INVESTMENT GROUP INC.
 267 NORTH COLLIER BLVD., #204
 MARCO ISLAND, FL 34145**

Mailing Address
**C/O COAST-TO-COAST INVESTMENT GROUP INC.
 267 NORTH COLLIER BLVD., #204
 MARCO ISLAND, FL 34145**

94079802



2. Principal Place of Business		3. Mailing Address		04282004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 04-3749533		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
COAST-TO-COAST INVESTMENT GROUP INC. 267 NORTH COLLIER BLVD., #204 MARCO ISLAND, FL 34145				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: _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINASHI, JACK			NAME	Minashi, Jack		
STREET ADDRESS	NO. 4 THE COMYNS BUSHEY HEATH			STREET ADDRESS	1099 Port Orange way		
CITY-ST-ZIP	HERTFORDSHIRE UNITED KINGDOM, WD23 1HP			CITY-ST-ZIP	Naples FL 34120		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	shamsi minashi		
STREET ADDRESS				STREET ADDRESS	1099 Port Orange way		
CITY-ST-ZIP				CITY-ST-ZIP	Naples, FL 34120		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  **JACK MINASHI, DIRECTOR** 4-28-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #