


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000034650 1. Entity Name HARPSERVE (USA) INC.	
---	---

FILED
04 AUG -5 PM 12: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

07262004 Chg-P CR2E034 (10/03)

City & State Zip	City & State Zip
-------------------------	-------------------------

4. FEI Number 04-3749533	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 COAST-TO-COAST INVESTMENT GROUP INC. 267 NORTH COLLIER BLVD., #204 MARCO ISLAND, FL 34145	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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
------------------------------	--	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MINASHI, JACK 1099 PORT ORANGE WAY NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000040221170 08/16/04--01071--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MINASHI, SMANSI 1099 PORT ORANGE WAY NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Henriette Eshkenazi 2500 Parkview Drive #2117 Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerd.

SIGNATURE: _____ **7.30.04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #