


2004 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000034650 1. Entity Name HARP SERVE (USA) INC.	
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FILED
 04 NOV -9 PM 4: 22
 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address c/o Swope, Lamberson, O'Connor & Charbonneau, PA Suite, Apt. #, etc. P.O. Box 111419	10272004 Chg-P CR2E034 (10/03)
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City & State Naples, FL	4. FEI Number 04-3749533	Applied For Not Applicable
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Zip 34108-0124	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 Coast-to-Coast Investment Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 276 Bald Eagle Drive City Marco Island FL Zip Code 34145
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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 reinstalling) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINASHI, JACK 1099 PORT ORANGE WAY NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042609490 11/09/04--01087--008 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINASHI, SMAMSI 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	V ESHKENAZI, HENRIETTE 2500 PARKVIEW DRIVE #2117 HALLANDALE, FL 33009	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
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 empowered.

SIGNATURE: _____ DATE: **11/4/04** DAYTIME PHONE #: **239 262 0170**