


FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90277 041 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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 SWOPE, LAMBERSON, O'CONNOR & CHARBONNE P.O. BOX 111419 NAPLES, FL 34108-0124	
2. Principal Place of Business <i>1099 Port Orange Way</i>		3. Mailing Address <i>clo Jane Lamberson</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>70 Box 111419</i>	
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>	
Zip <i>34120-2917</i>		Zip <i>34108-0124</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 04-3749533		Applied For 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. 276 BALD EAGLE DRIVE MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name <u>JANE E. LAMBERSON</u> Street Address (P.O. Box Numbers Not Acceptable) <u>8955 FONTANA DEL SOL WAY</u> City <u>NAPLES</u> FL Zip Code <u>34109</u>	
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 <u>Jane E. Lamberson</u> DATE <u>4/19/05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINASHI, JACK	NAME	
STREET ADDRESS	1099 PORT ORANGE WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINASHI, SMAMSI	NAME	
STREET ADDRESS	1099 PORT ORANGE WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESHKENAZI, HENRIETTE	NAME	
STREET ADDRESS	2500 PARKVIEW DRIVE #2117	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	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	
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: <u>[Signature]</u>		Date <u>4/19/05</u> ⁽²³⁹⁾ Deformed Phone # <u>262-0170</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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