

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034650

Entity Name: HARPSERVE (USA) INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

987 NORTH COLLIER BLVD,
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

1099 PORT ORANGE WAY
NAPLES, FL 34120 US

Current Mailing Address:

987 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 US

New Mailing Address:

1099 PORT ORANGE WAY
NAPLES, FL 34120 US

FEI Number: 04-3749533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOLA, MARC M MR.
1035 N. COLLIER BLVD. #312
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

MINASHI, JACK
1099 PORT ORANGE WAY
NAPLES, FL 34120 US

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.

SIGNATURE: JACK MINASHI

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINASHI, JACK MR.
Address: 1099 PORT ORANGE WAY
City-St-Zip: NAPLES, FL 34120 US

Title: D () Delete
Name: MINASHI, SHAMSI MRS.
Address: 1099 PORT ORANGE WAY
City-St-Zip: NAPLES, FL 34120 US

Title: D (X) Delete
Name: SANDERS, SALLY MRS.
Address: 1 OUTFIELD COTTAGE, BOWSTRIDGE
City-St-Zip: CHALFONT ST. GILES BUCKS, UK HP8 4RQ UK

Title: D (X) Delete
Name: WESTERN, ANNA MRS.
Address: FERM COTTAGE, 31
City-St-Zip: HALFWAY STREET, SIDCUP-KENT, UK BA15 8LQ UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK MINASHI

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date