


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000047406	
1. Entity Name HARDEN GLOBAL SERVICE CORP.	

Principal Place of Business 2875 NW 15 COURT FT LAUDERDALE, FL 33311	Mailing Address 2875 NW 15 COURT FT LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0698266	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARDEN, BARBARA W
2875 NW 15 COURT
FT LAUDERDALE, FL 33311

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000911607 05/07/08-80047-015 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN, BARBARA W 2875 NW 15 COURT FT LAUDERDALE, FL 33311
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Ware Harden / Barbara Ware Harden 4-16-08 954-7315326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #