

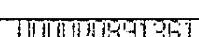


FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000126952		Secretary of S	
1. Entity Name HAR-LOFT, INC.			
Principal Place of Business 2875 N.E. 191 STREET SUITE 404 AVENTURA, FL 33180		Mailing Address 2875 N.E. 191 STREET SUITE 404 AVENTURA, FL 33180	
DO NOT WRITE IN THIS SPACE			
		01072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0856871	
		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 REINHARD, SANFORD N 2875 N.E. 191 STREET SUITE 404 AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE	
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 _____			
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	
10. OFFICERS AND DIRECTORS		 04/23/08-80021-025 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D REINHARD, SANFORD N 2875 N.E. 191 STREET SUITE 404 AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D GOLDLIST, BARRY G 138 GREY ROAD TORONTO, ONT, CN m5m 4g1			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		BARRY G. GOLDLIST 4/2/08 416 922 8792 Date Daytime Phone #	