2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🗥

SIGNATURE:

May 10, 2004 8:00 am Secretary of State **DOCUMENT # P03000126957** 04-23-2004 90259 050 ***150 00 HAR-LOFT HOLDING, INC. Principal Place of Business Mailing Address 2875 N.E.191 STREET SUTIE 404 2875 N.E.191 STREET 66420561 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REINHARD; SANFORD:N-Street Address (P.O. Box Number is Not Acceptable) 2875 N.E.191 STREET SUTIE 404 **AVENTURA FL 33180** Zip Code 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 tide if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE Delete TILE Change ■ Addition REINHARD, SANFORD N MALES NAME STREET ADDRESS 2875 N.E.191 STREET SUITE 404 STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP Change TITLE Addition Delete TITLE Barry Gordon Goldlist NAME NAME 138 Grey Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Toronto, Ontario, Canada M5M 4G1 CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP Change Addition nn F TTDE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition | ☐ Delete TITLE 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.

BARRY G. GOLDWIST 4/15/04

FILED