

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000126957

1. Entity Name
HAR-LOFT HOLDING, 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

FILED
Mar 13, 2006 08:00 AM
Secretary of State



01062006 No Chg-F CR2E034 (11/05)

4. FEI Number
20-0856891

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOLDIST, BARRY GORDON
138 GREY ROAD
TORONTO, ONTARIO, CA m5m 4g1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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000000185688
03/22/06-80043-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry G. Goldist BARRY G. GOLDIST 1/26/06 416 822 8792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #