

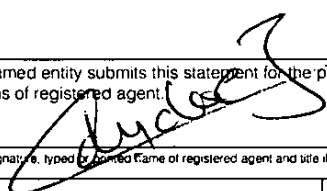
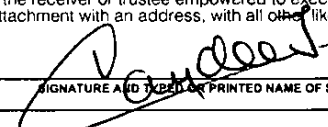


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000157760 1. Entity Name HARRY'S FINISHERS CORP.				FILED 07 AUG 22 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8340 SW 27 ST MIAMI, FL 33155		Mailing Address 8340 SW 27 ST MIAMI, FL 33155			
2. Principal Place of Business - No P.O. Box # 8340 SW 27 ST		3. Mailing Address 8340 SW 27 ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-0569056	
Zip 33155		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADIZ, MAUREEN 9619 FONTAINEBLEAU BLVD MIAMI, FL 33172		7. Name and Address of New Registered Agent Name HAYDEE CADIZ Street Address (P.O. Box Number is Not Acceptable) 8340 SW 27 ST City Miami FL Zip Code 33155			
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:  Haydee Cadiz 08/16/2007. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CADIZ, MAUREEN 9619 FONTAINEBLEAU BLVD MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Haydee Cadiz 8340 SW 27 ST Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			08/16/2007 305-244-1309 <small>Date Daytime Phone #</small>		