


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000057044	
1. Entity Name HARB DESIGN GROUP, INC.	

Principal Place of Business 3700 34TH STREET ORLANDO, FL 32805 US	Mailing Address 3700 34TH ST ORLANDO, FL 32805 US
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DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3196518	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

HARB, A T
3700 34TH STREET
SUITE 300
ORLANDO, FL 32805

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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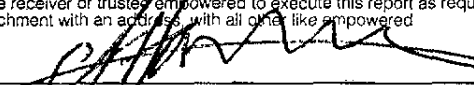
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARB, A. TOM 3700 34TH ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HARB, AMINE T 3700 34TH ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HARB, SUZANE J 3700 34TH ST ORLANDO, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/01/05-80075-002 158.75

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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

SIGNATURE:  A. Tom Harb 1-26-05 407 422 7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #