


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000057044</b> 1. Entity Name <b>HARB DESIGN GROUP, INC.</b>	
--	--

Principal Place of Business <b>3700 34TH STREET ORLANDO, FL 32805 US</b>	Mailing Address <b>3700 34TH ST ORLANDO, FL 32805 US</b>
---	---



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3196518** 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  <b>HARB, A T 3700 34TH STREET SUITE 300 ORLANDO, FL 32805</b>
--

**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) **01/20/06-80034-004 158.75**

**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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-06** **407-422-427**  
Date Daytime Phone #