**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P95000043053 1. Entity Name HARROW HOLDINGS, INC.						Apr 15, 2004 08:00 AM Secretary of State	
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address	. <u></u>		<b>-</b>	-
3400 NE 34TH STREET 3400 NE 34TH STREET							
#101 #101 #101 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308							
บร์	1D1112   E 00	1	US	33333			B 2007 BESSES EXBER SUIDEN IN INDI
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		MOORE CR2E034	(11/03)	
City & State			City & State		4. FEI Number 65-0600941	Applied For Not Applicab	
Zip		Country	Zip	Count	ry 	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							Agent
DIOLIED CAM					Name		
RICHER, SAM 3400 NE 34TH STREET # 101 FORT LAUDERDALE FL 33308					Street Address (P.O. Box Number is Not Acceptable)		
				}	City	FL	Zip Code
			or the purpose of changing its	s registere	d office or registe	ered agent, or both, in the State of Florida. I am	familiar with, and accep
ine obliga	tions of registe	ireo agent.					
SIGNATURE				<del> </del>			
Significant, typed or printed name of registered agent and title if applicable (NOTE Registered Agent significant regulated when remistating)  DATE							
Afte	r May 1, 200	FEE IS \$150.00 4 Fee will be \$550.00 Florida Department of	f State			Stection Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		OFFICERS AND		111.	·	. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE	PST	1	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	RICHTER, S			NAME		U00000114750	
STREET ADDRESS		TH STREET #101			T AODRESS	04/15/04-80063-00	6 150,00
CSTY-ST-ZSP	FILAUDE	DALE FL 33308			51-ZIP		
TITLE NAME			☐ Delete	THLE NAME	\$		☐ Change ☐ Addition
STREET ADDRESS		,		- 3	T ADDRESS		
CITY - ST- ZIP				CITY-	S1-23P		
TITLE		1	☐ Delete	TITLE			☐ Change ☐ Addition
NAME				NAME	i		
STREET ADDRESS CITY-ST-ZIP		1			T ADDRESS ST-ZIP		
	<u> </u>	<del></del>			<del></del>		T Ohanna T Addition
TITLE NAME			☐ Delete	TETLE NAME	}		Change Addition
STREET ADDRESS		!		1	T ADDRESS		
CITY-ST-ZIP		·	, mar	CATY-	ST-ZIP		
HE		ì	☐ Delete	TITLE			☐ Change ☐ Additio
NAME		!		NAME	}		
STREET ADDRESS					T ADDRESS		
City-ST-ZiP	<del> </del>	<del></del>			ST-ZIP		Chara Dalla
TITLE NAME		į	L_l Delete	TITLE NAME	1		☐ Change ☐ Additio
STREET ADDRESS		ŧ		3	T ADDRESS		
CITY-ST-ZIP		1	_	CITY-	ST-ZIP		_
12. Thereby	certify that the	information supplied with	this filing does not qualify fo	or the exen	nption stated in S	ection 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
of the co	on this report poration or th	or supplemental report is e receiver of trustee emp	s true and accurate and that owered to execute this repor	my signati t as requir	ure snall have the ed by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath, that I 17, Florida Statutes; and that my name appears	am an officer or director in Block 10 or Block 11 i
changed	i, or on an atta	chment with an address.	with all other like empowered	<b>.</b>			
CICALAT	me.	1 June	<b>L</b>			2/3/104 (95H)=	-60

**FILED**