

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90044 019 \*\*\*150.00

**DOCUMENT # P95000043053**

1. Entity Name  
**HARROW HOLDINGS, INC.**



Principal Place of Business

~~2700 N 29TH AVE~~  
**108 16330 MIRASOL WAY**  
~~HOLLYWOOD, FL 33020 US~~  
**DELRAY BEACH, FL 33446**

Mailing Address

~~2700 N 29TH AVE~~  
**108 16330 MIRASOL WAY**  
~~HOLLYWOOD, FL 33020 US~~  
**DELRAY BEACH, FL 33446**

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01172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0600941**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RICHER, SAM**  
~~2700 N 29TH AVE~~ **16330 MIRASOL WAY**  
~~108 HOLLYWOOD, FL 33020~~ **DELRAY BEACH, FL 33446**

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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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PST**  
NAME **RICHTER, SAM**  
STREET ADDRESS ~~2700 N 29TH AVE~~ **108 16330 MIRASOL WAY**  
CITY - ST - ZIP ~~HOLLYWOOD, FL 33020~~ **DELRAY BEACH, FL 33446**

TITLE  
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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, I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAM RICHTER**

**2/28/08**  
Date

**(561) 865-3456**  
Daytime Phone #