2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P97000084045 1. Entity Name HARSH FOOD, INC. Principal Place of Business Mailing Address 2018 S. CHICKSAW TR 2018 S. CHICKSAW TR ORLANDO, FL 32825 ORLANDO, FL 32825 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3492912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAPADIA, NILKANTH DO NOT WRITE 2018 S. CHICKSAW TR ORLANDO, FL 32825 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **DPTS** NILKANTH, KAPADIA NAME STREET ADDRESS 2018 S CHICKSAW TR CITY-ST-ZIP ORLANDO, FL 32825 05/12/06-80021-018 150.00 DVP TITLE NAME KAPADIA, ANIL STREET ADDRESS 1537 SHADY OAK DR CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE NAME STREET ADDRESS DO NOT WRITE Citt-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 ceth, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ANN KAPADA

4/2/02

A02-306-25g.

FILED