2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000058541 1. Entity Name HARJAN HOLDINGS, INC. Principal Place of Business___ Mailing Address C/O ROTHSTEIN C/O STEVEN GLUECK 16451 NE 6TH AVE 14729 W. DIXIE HWY MIAMI, FL 33181 MIAMI, FL 33162 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0850412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLUECK, STEVEN J DO NOT WRITE 16451 NE 6TH AVE MIAMI, FL 33162 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyned or printed name of registered agent and fille if applicable INOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE GROSSBARD, HARVEY J NAME STREET ADDRESS C/O ROTHSTEIN, 14729 W. DIXIE HWY CITY-ST-ZIP MIAMI, FL 33181 DVS TITLE NAME GROSSBARD, JANET STREET ADDRESS C/O ROTHSTEIN, 14729 W. DIXIE HWY CITY-ST-7IP MIAMI, FL 33181 TITLE GLUGCK, STEVEN J 16451 NE 5TH AVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33162 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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FILED