


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000021322	
1. Entity Name MADEHARRY, INC.	

Principal Place of Business 2030 SOUTH OCEAN DR. #1721 HALLANDALE, FL 33009	Mailing Address 2030 SOUTH OCEAN DR. #1721 HALLANDALE, FL 33009
---	---

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0906858	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131
--

**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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NOVAK, MADELINE 2030 SOUTH OCEAN DRIVE APT 1721 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOPEL, SURELLE 3 GROVE ISLAND APT 1708 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOPEL, LARRY 3 GROVE ISLAND APT 1708 MIAMI, FL 33133
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**

1110011441236
03/03/06-80027-025 150.00

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 like empowered.

SIGNATURE: <u>Madeline Novak</u> MADELINE NOVAK <u>2/16/06</u> <u>954-454-2715</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>