


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90066 048 \*\*\*150.00

<b>DOCUMENT # S21024</b> 1. Entity Name <b>HARARE DEVELOPMENT, INC.</b>	
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Principal Place of Business <b>2328 10TH AVENUE NORTH STE. 401 LAKE WORTH, FL 33461</b>	Mailing Address <b>2328 10TH AVENUE NORTH STE. 401 LAKE WORTH, FL 33461</b>
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0248236</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**STEIN, CHARLES  
2328 10TH AVE. NORTH  
STE. 401  
LAKE WORTH, FL 33461**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

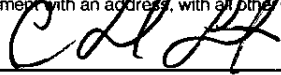
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UDWIN, DENNIS 2328 10TH AVE., NORTH, STE. 401 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STEIN, CHARLES 2328 10TH AVE., NORTH STE. 401 LAKE WORTH, FL 33461
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/22/04** **561-533-0344**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #