


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # S21024		
1. Entity Name HARARE DEVELOPMENT, INC.		

Principal Place of Business 2328 10TH AVENUE NORTH STE. 401 LAKE WORTH, FL 33461	Mailing Address 2328 10TH AVENUE NORTH STE. 401 LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-P GR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

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

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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 reissuing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 04/19/05-80025-005 150.00

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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 titles empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____