2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V08772

1. Entity Name
HARDASH CORPORATION

Principal Place of Business	Mailing Address
337 LINCOLN ROAD MIAMI BEACH, FL 33139 US	337 LINCOLN ROAD MIAMI BEACH, FL 33139 US

DO NOT WRITE IN THIS SPACE

02102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0327283	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRAR, DAVID
337 LINCOLN ROAD
MIAMI BEACH, FL 33139

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. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	EL HARRAR, SOLOMON	
STREET ADDRESS	337 LINCOLN ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	D	
NAME	EL HARRAR, DAVID	
STREET ADDRESS	337 LINCOLN ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

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: ✗ Elhana — Solomon ELHARRAR — 3-6-06 305 532 9427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #