**FILED** 

Jul 21, 2003 8:00 am

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V25550  1. Entity Name HARRY'S IMPORTS, INC.				Secretary of State 07-21-2003 90395 035 ***150.00	
Address Mailing Address COCONUT CREEK FL 33066  2. Principal Place of Business Mailing Address					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State				. CHECK HERE IF MAKING CHANGES	
FL	33304			4. FEI Number 65-0324079	Applied For Not Applicable
	4 - Bround	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	Agent
DAVIDIAN, HARRY  1010 M.E. 10TH AVENUE 930 N.E 4 AVENUE  Street Address				(P.O. Box Number is Not Acceptable)	
FT. LAUDI	ERDALE FL 32304 FT LANDER	DALE FL 33304	City	FI	Zip Code
3. 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 spolicable (NOTF:	Registered Agent signature require	ed when reinstating) DATE	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing	\$5.00 May Be
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
TITLE NAME STREET ADDRESS SITY-ST-ZIP	PD DAVIDIAN, HARRY 3709 CARAMBOLA CIRCLE COCONUT CREEK FL 33066	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME Street address Ity-St-Zip		☐ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME ITREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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ITLE NAME ITREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

CITY-ST-ZIP