


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # V73583 1. Entity Name HARVEY'S BISTRO, INC.	
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Principal Place of Business 390 N. ORANGE AVENUE ORLANDO, FL 32801	Mailing Address P.O. BOX 2066 WINTER PARK, FL 32790-2066 US
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01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3147883	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

SALTSMAN, ROBERT P
 222 S. PENNSYLVANIA AVENUE
 SUITE 200
 WINTER PARK, FL 32789

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000598075
 01/24/07-80061-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, HAL 2215 TRADEPORT DRIVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PACE, ANTHONY S 2215 TRADEPORT DRIVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, M.A. III 601 N NEW YORK AVE SUITE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARKETT, RUSSELL 601 N NEW YORK AVE SUITE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date: 1/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #