

**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.**



Principal Place of Business  
**390 N. ORANGE AVENUE  
ORLANDO, FL 32801**

Mailing Address  
**P.O. BOX 2066  
WINTER PARK, FL 32790-2066 US**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3147883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/15/07**

Daytime Phone # \_\_\_\_\_