

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158689

Entity Name: HAQUE BROTHER INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

8550 BISCAYNE BOULEVARD  
MIAMI, FL 33138

## New Principal Place of Business:

## Current Mailing Address:

8550 BISCAYNE BOULEVARD  
MIAMI, FL 33138

## New Mailing Address:

FEI Number: 20-3932034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUPPERT, DAVID  
17611 SW 48 STREET  
SOUTHWEST RANCHES, FL 33331 US

## Name and Address of New Registered Agent:

MICHAEL, RAUF  
1282 NE 163 STREET  
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: MICHAEL RAUF

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOSSAIN, KAMAL  
Address: 13105 IXORA CT. APT# 217  
City-St-Zip: NORTH MIAMI, FL 33181

Title: SD ( ) Delete  
Name: HAQUE, TOFAJAL  
Address: 8550 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Delete  
Name: HAQUE, SHALAH  
Address: 8550 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33138

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. M. KAMAL HOSSAIN

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date