2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F03000000170

1. Entity Name

HARDWARE SPECIALTY CO. INC.



FILED May 12, 2008 08:00 AN Secretary of State

Principal Place of Business

48-75 36TH ST.

LONG ISLAND CITY, NY 11101

Mailing Address

48-75 36TH ST.

LONG ISLAND CITY, NY 11101



05092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 11-1962241 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required .

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE **SUITE 4** WESTON, FL 33331

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	named entity submits this statement for the lions of registered agent.	purpose of changing its regis	tered office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.		H00000951081				
				1 Agent signature required when reinstating) 05/04/08-900N5-019 150.00		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP KAUFMAN, EDWARD 48-75 36TH ST. LONG ISLAND CITY, NY 11101				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KAUFMAN, ZONA 48-75 36TH ST. LONG ISLAND CITY, NY 11101					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEEDLEMAN, HYMAN 48-75 36TH ST. LONG ISLAND CITY, NY 11101			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADORESS City-ST-ZIP						

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 tristee 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.

SEFF LICHTENSTEIN

SIGNATURE:

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Controller