## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # G85616

1. Entity Name

HRG ASSOCIATES, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O HEINZ R. GOLDSCHNEIDER 505 N.E. 20TH STREET BOCA RATON, FL 33431 Mailing Address

C/O HEINZ R. GOLDSCHNEIDER 505 N.E. 20TH STREET BOCA RATON, FL 33431



## DO NOT WRITE IN THIS SPACE

01112007 140 Ong-1	OIL	G1(2E00+(11/00)		
4. FEI Number		Applied For		
59-2270235		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

GOLDSCHNEIDER, HEINZ R. 505 NE 20 STREET BOCA RATON, FL 33431

## 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	it applicable (NOTE. F	Registered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib	• –	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDSCHNEIDER, HEINZ R. 505 NE 20TH ST BOCA RATON, FL 33431				U00000590157 01/18/07-80045-017 150.00	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D GOLDSCHNEIDER, DENISE 505 NE 20TH ST. BOCA RATON, FL 33431					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						
TITLE NAME				•		
STREET ADDRESS CITY-ST-ZIP				•		
12. I hereby certify that the information supplied with this filling 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.						