

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000097090

1. Entity Name
HASS ELECTRONICS, INC.



Principal Place of Business

**10877 NW 52ND STREET
3 & 4
SUNRISE, FL 33351**

Mailing Address

**10877 NW 52ND STREET
SUITE 3 & 4
SUNRISE, FL 33351**



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1060389 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIRZA, HUSNAIN
10877 NW 52ND STREET
3 & 4
SUNRISE, FL 33351**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000926075
05/20/08-80051-018 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | MIRZA, HUSNAIN |
| STREET ADDRESS | 332 NW 107 AVENUE |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 |
| TITLE | SEC |
| NAME | ASIF, GHAFAR |
| STREET ADDRESS | 5662 NW 122 TERRACE |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33076 |
| TITLE | DIR |
| NAME | MUHAMMAD, AMIN |
| STREET ADDRESS | 8651 NW 55TH PLACE |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 |
| 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

4/24/08 954749-3110
Date Daytime Phone #