


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90425 011 ***150.00

DOCUMENT # P05000134338

1. Entity Name
HAQ MANAGEMENT COMPANY INC.



Principal Place of Business
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US


Mailing Address
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03082006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3563052

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARS & ASSOCIATES INC
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NAVIWALA, QADIR	
STREET ADDRESS	20810 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAJID, AFZAL	
STREET ADDRESS	20810 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	KARIM, MOHAMMED	
STREET ADDRESS	20810 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Qadi Abdul Navawal 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #