

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90060 022 ***150.00

DOCUMENT # P97000033526

1. Entity Name

HAASE POSNER ASSOCIATES, INC.



Principal Place of Business

126 S FEDERAL HWY
#206
DANIA BEACH FL 33004

Mailing Address

126 S FEDERAL HWY
#206
DANIA BEACH FL 33004

2. Principal Place of Business

18851 NE 29th Ave
Suite, Apt. #, etc. 7th FL

3. Mailing Address

18851 NE 29th Ave
Suite, Apt. #, etc. 7th FL

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

US

Zip

33180

Country

US

4. FEI Number

65-0746951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POSNER, GARY
126 S FEDERAL HWY, #206
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name

GARY D. POSNER

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

18851 NE 29th Ave

City

7th FL

City

Aventura

FL

Zip Code

33180

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME POSNER, GARY
STREET ADDRESS 21205 NE 37TH AVE, #906
CITY-ST-ZIP AVENTURA FL 33180

TITLE SD ☐ Delete
NAME HASSE, IRVING
STREET ADDRESS 3201 S OCEAN BLVD., #PH-2
CITY-ST-ZIP HIGHLAND BCH FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

4/9/04 305-466-4827