2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2004 08:00 AM Secretary of State DOCUMENT # P99000091254 1. Entity Name HASSEE CORP. Principal Place of Business Mailing Address 2380 NW HWY. 19 1610 S.E. PARADISE CIR. CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34429 01282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3654788 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARESH, DESAI DO NOT WRITE 2380 NW HWY. 19 CRYSTAL RIVER, FL 34428 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. Suprature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000022281 01/30/04-80038-020 150.00 DESAL PARECH NAME 507 NW 9TH AVE STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34428 MAYOR, PATEL NAME STREET ADDRESS 1020 SE 3RD AVE CITY-ST ZIP CRYSTAL RIVER, FL 34429 MANAF STREET ADDRESS DO NOT WRITE CITY-ST ZIP DILE IN THIS SPACE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED