## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12997

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NEW YORK, NY 10022 US

( ) Delete

FILED Apr 25, 2007 Secretary of State

Entity Name: HAAS FINANCIAL CORPORATION							
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:			
<b>APARTMEI</b>	57TH STREET NT 25E K, NY 10022	US					
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
117 EAST 57TH STREET APARTMENT 25E NEW YORK, NY 10022 US			230 HILTO	C/O KG TRAKAS & CO. 230 HILTON AVE., SUITE #1 HEMPSTEAD, NY 11550 US			
FEI Number:	13-3380932	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired	( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
110 NORTH TALLAHAS	H MAGNOLIA S SEE, FL 32301	I US					
The above in the State		ıbmits this statement for the purp	pose of changing i	ts registered of	ffice or registered agent, o	both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Agent		Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CST ()E HAAS, GEORGE 117 EAST 57TH S NEW YORK, NY	STREET	Title: Name: Address: City-St-Zip:	VP (X) JUDY ESHELM RFD #3, BOX 3- PUTNEY,, VT 0	46		
Title: Name: Address: City-St-Zip:	D ()E HAAS, GEORGE 117 EAST 57TH S NEW YORK, NY	STREET	Title: Name: Address: City-St-Zip:	VP (X) SUSAN ORTHW 123 HARBOR D STAMFORD, CT	RIVE, #312		
Title: Name: Address:	S () C CATANO, JUDITH 117 EASZT 57TH	,	Title: Name: Address:	VP (X) SALLY ANN CO 208 GEORGET	,		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WESTON, CT 06883 US

CATANO, JUDITH A. (A, SST

117 EAST 57TH STREET

NEW YORK, NY 10022 US

( ) Change (X) Addition

SIGNATURE: JUDITH A. CATANO S 04/25/2007