

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000083875

Entity Name: HSA & ASSOCIATES, INC.

Current Principal Place of Business:

1906 W. GARVEY AVE S
SUITE 200
WEST COVINA, CA 91790

Current Mailing Address:

1906 W. GARVEY AVE S
SUITE 200
WEST COVINA, CA 91790 US

FEI Number: 20-3791783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FONG, DARIN
Address 1906 W. GARVEY AVE S
 SUITE 200
City-State-Zip: WEST COVINA CA 91790

Title PRESIDENT
Name FONG, DARIN
Address 1906 W. GARVEY AVE S
 SUITE 200
City-State-Zip: WEST COVINA CA 91790

Title DIRECTOR
Name GERGES, RAFIK
Address 1906 W. GARVEY AVE S
 SUITE 200
City-State-Zip: WEST COVINA CA 91790

Title SECRETARY
Name GERGES, RAFIK
Address 1906 W. GARVEY AVE S
 SUITE 200
City-State-Zip: WEST COVINA CA 91790

Title TREASURER
Name GERGES, RAFIK
Address 1906 W. GARVEY AVE S
 SUITE 200
City-State-Zip: WEST COVINA CA 91790

I hereby 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 all other like empowered.

SIGNATURE: RAFIK GERGES

DIRECTOR

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date