

**2020 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:** Yes

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

Title           PRESIDENT  
Name           RAFIK, GERGES  
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

**PRINCIPAL**

**06/12/2020**

Electronic Signature of Signing Officer/Director Detail

Date