


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000038693					
1. Entity Name HAS IMPORT EXPORT INC.					
Principal Place of Business		Mailing Address			
1528 MYRTLE DR. TALLAHASSEE, FL 32301		1528 MYRTLE DR. TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4531054	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAN, CHEY 1817 SOUTH MAGNOLIA DT. TALLAHASSEE, FL 32301			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAN, CHEY	NAME			
STREET ADDRESS	1817 SOUTH MAGNOLIA DR.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAN, PHANNARA H	NAME			
STREET ADDRESS	109 CAMPBELL PARK	STREET ADDRESS			
CITY-ST-ZIP	ROCHESTER, NY 14606	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAS, ROBERT	NAME			
STREET ADDRESS	616 STEVENS ST.	STREET ADDRESS			
CITY-ST-ZIP	LOWELL, MA 07851	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONTCHEV, DIMO	NAME			
STREET ADDRESS	3175 VILLA AVE. 1C	STREET ADDRESS			
CITY-ST-ZIP	BRONK, NY 10468	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANG, BUNNARENE	NAME			
STREET ADDRESS	NO. 474 GROUP III	STREET ADDRESS			
CITY-ST-ZIP	KHAN MEAN CHEY, PHMON PENH.	CITY-ST-ZIP			
TITLE	MMD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELLINGTON, LEROY	NAME			
STREET ADDRESS	700 WEST VIRGINIA ST.#350	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u> <i>Chan Chan</i> </u>			Date: <u> 04/30/08 </u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

2008 APR 30 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-P CR2E034 (12/06)

4. FEI Number **20-4531054** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHAN, CHEY
 1817 SOUTH MAGNOLIA DT.
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name _____
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CITY-ST-ZIP	TALLAHASSEE, FL 32301
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SIGNATURE: *Chan Chan* Date: 04/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #