

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000038693

1. Entity Name  
HAS IMPORT EXPORT INC.



FILED

07 JUN -1 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1528 MYRTLE DR.  
TALLAHASSEE, FL 32301

Mailing Address

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

Zip

Country

Zip

Country

05252007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-453 1054

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$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 DR  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME C ☐ Delete  
STREET ADDRESS CHAN, CHEY  
CITY-ST-ZIP 1817 SOUTH MAGNOLIA DR.  
TALLAHASSEE, FL 32301

TITLE  
NAME Media Managing Director ☐ Change ☒ Addition  
STREET ADDRESS Leroy Wellington  
CITY-ST-ZIP 700 West Virginia St. #350  
Tallahassee, FL 32304

TITLE  
NAME PS ☐ Delete  
STREET ADDRESS CHAN, PHANNARA H  
CITY-ST-ZIP 109 CAMPBELL PARK  
ROCHESTER, NY 14606

TITLE  
NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME V ☐ Delete  
STREET ADDRESS HAS, ROBERT  
CITY-ST-ZIP 616 STEVENS ST.  
LOWELL, MA 07851

TITLE  
NAME Investment Representative ☐ Change ☒ Addition  
STREET ADDRESS Mathieu Joseph  
CITY-ST-ZIP 2569 McElroy St. #1  
Tallahassee, FL 32310

TITLE  
NAME V ☐ Delete  
STREET ADDRESS DONTCHEV, DIMO  
CITY-ST-ZIP 3175 VILLA AVE. 1C  
BRONK, NY 10468

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
300103921543  
06/05/07--01051--013 \*\*158.75

TITLE  
NAME S ☐ Delete  
STREET ADDRESS HANG, BUNNARENE  
CITY-ST-ZIP NO. 474 GROUP III  
KHAN MEAN CHEY, PHMON PENH,

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #