

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000047355**

1. Entity Name  
**HANNISI USA IMPORTS/EXPORTS INC.**



Principal Place of Business  
**4423 SUNTREE BLVD.  
WINTER PARK, FL 32817**

Mailing Address  
**4423 SUNTREE BLVD.  
WINTER PARK, FL 32817**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number **02-0619281** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PAPPAS, PETER C  
225 E. ROBINSON ST., SUITE 540  
ORLANDO, FL**

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GISPERT, MANUEL
STREET ADDRESS	4423 SUNTREE BLVD.
CITY-ST-ZIP	WINTER PARK, FL 32817
TITLE	D
NAME	GISPERT, GERDA
STREET ADDRESS	4423 SUNTREE BLVD.
CITY-ST-ZIP	WINTER PARK, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/07-80016-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 additional page with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**MANUEL GISPERT**

Date

Daytime Phone #

**1-28-07**