


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90010 048 ***155.00

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	
2. Principal Place of Business - No P.O. Box # 3014 N.E. 49th ST.		3. Mailing Address 3014 N.E. 49th ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33308		Zip 33308	
Country 		Country 	
4. FEI Number 02-0619281		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, PETER C 225 E. ROBINSON ST., SUITE 540 ORLANDO, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISPERT, MANUEL 4423 SUNTREE BLVD. WINTER PARK, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P GISPERT, MANUEL 3014 N.E. 49th STREET FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISPERT, GERDA 4423 SUNTREE BLVD. WINTER PARK, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISPERT, GERDA 3014 N.E. 49th STREET FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DIRECTOR, MANUEL GISPERT 1/24/08 954-493-9979 <small>Date Daytime Phone #</small>	