


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90183 038 ***150.00

| | | |
|---------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P04000017317 | |  |
| 1. Entity Name HANYA TRADING, INC. | | |

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|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 13520 NW 4TH ST APT 206 PEMBROKE PINES, FL 33028 | Mailing Address 13520 NW 4TH ST APT 206 PEMBROKE PINES, FL 33028 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

40050287



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| 2. Principal Place of Business - No P.O. Box # 16349 SW 11 ST Suite, Apt. #, etc. | 3. Mailing Address 16349 SW 11 ST Suite, Apt. #, etc. |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|

03082007 Chg-P CR2E034 (12/06)

| | |
|------------------------------------|------------------------------------|
| City & State Pembroke Pines, FL | City & State Pembroke Pines, FL |
| Zip 33027 | Country USA |
| Zip 33027 | Country USA |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-0693249 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|-----------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent MORAITIS, GEORGE 16919 NW 57 AVE MIAMI, FL 33055 | |
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| | |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent | |
| 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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAKKANI, FAYROUZ 13520 NW 4 ST #206 PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DAOUK, MOHAMAD 13520 NW 4 ST #206 HOLLYWOOD, FL 33028 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16349 SW 11 ST Pembroke Pines, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16349 SW 11 ST Pembroke Pines, FL 33027 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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 correct 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 file 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 or without power.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-07

954-661-6613

Date

Daytime Phone #