

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90042 046 ***150.00

DOCUMENT # P04000057520



1. Entity Name
HANA COLLECTION, INC.

Principal Place of Business
**4151 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065**

Mailing Address
**4151 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065**

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

03072007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0963060

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**LIPAWSKY, STEVEN R
4151 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065**

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 reissuing)

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/D
LIPAWSKY, STEVEN R
4151 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LIPAWSKY, SUSAN
4151 NW 124 AVE
CORAL SPRINGS, FL 33065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LIPAWSKY, LAURA
4151 SW 124 AVE
CORAL SPRINGS, FL 33065** ☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ 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 *Susan Lipawsky* **SUSAN LIPAWSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07
Date

954 6561030
Daytime Phone #