## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

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DOCUMENT # P05000106838  1. Entity Name HAUQUE CORPORATION IMPORT & EXPORT, INC.						05-02-2007	<sup>7</sup> 90090 0 <b>32 ***</b> 1.	50.00
Principal Place	ce of Business	Mailing Address		l	ן ״בּי	) <b>X</b> U = -		
1 '		ū			: '			
5520 GUNN	HWY.,	5520 GUNN HWY.,						
#1802 TAMPA, FL	33624 US	#1802	uc		1			
IAWIFA, FL	33024 03	TAMPA, FL 33624	US					ICHERT IE IEEL
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			-			
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Suite, Apt		Suite, Apt. #, etc.	-1401	<u> </u>	-			
Suite, Apr	. # <sub>1</sub> &tC.	Suite, Apt. #, etc.			-04202007	Chg-P	CR2E034 (12/06)	)
City & State City & State				-	4. FEI Numb		1 1	Santiad Car
TAMPA, FL TAMPA, FL					20-323		<del></del>	Applied For Not Applicable
			Zip Country		20-320	77070		
3366		_33629 -		3.	<ol><li>Certificate</li></ol>	of Status Desired	\$8.75 Ac	
0000	6. Name and Address of Current		1	<u> </u>	7 Name and	Address of New		
			Name	7. (4aiile Bii	Audiess of New	negialered Ageril		
HAUQUE.	OMAR		i	, , , , , ,				
5520 GUN						er is Not Acceptab	le)	
#1802				5000	<u>5. ih</u> r	its APT	<sup>7</sup> 211	
TAMPA, FL 33624					•			
				Cit.			—- 1 7: O-	
ļ	•			City TAMPA			FL ZSS	الگ
8. The above	e named entity submits this statement for	or the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Fi	lorida. I am familiar with	and accept
the obliga	itions of registered agent.		Ť	· ·	•			,
						0	1. 20. 03	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Basustarou	Agent signature required	d udvah zainatatura)		<u>4-30-07</u>	
<u> </u>		ано вое в аррисарие. (АОП	c. negicierei	Agent signature required	when reinstating)		DAIE	
FIL After M	E NOW!!! FEE IS \$150,00, ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont	~		.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L CHANGES TO OFF	FICERS AND DIRECTOR	RS IN 11
TITLE	P, T	☐ Delete	TITLE				☐ Change	Addition
NAME	HAUQUE, OMAR		NAM				Onlings	
STREET ADDRESS	5520 GUNN HWY., #1802		STREE	ET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33624		спу-	ST-ZIP				
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NAME	SCHUCH, FERNANDA	L Delete	NAME	}			L_1 Change	Addition
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CITY-ST-ZIP	TAMPA, FL 33624			ST-ZIP				
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NAME	]	☐ Delete	TITLE				☐ Change	Addition
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CITY-ST-ZIP	i			ET ADDRESS ST-ZIP				
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NAME	. / /	☐ Delete	NAME	•				
ľ		☐ Delete	NAME	ET ADDRESS				
NAME Street address City-St-Zip		,	NAME STREE	T ADDRESS ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	,	NAME STREE	T ADDRESS ST-ZIP	d in Chapter 11	), Florida Statutes	I further certify that the	information
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report or supplied mital report is regulation or the results.	,	NAME STREE	T ADDRESS ST-ZIP	d in Chapter 11ssame legal effe	e, Florida Statutes. It as if made under	I further certify that the oath; that I am an office	information or or director
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby a indicated of the core	certify that the information supplied with I on this report or supplemental report is poration or the receive or trustee empor , or on an attachment with an address, we	this filling dospnot qualify fo	NAME STREE CITY- or the exe ony signations	T ADDRESS ST-ZIP	d in Chapter 119 same legal effec 7, Florida Statute	9, Florida Statutes. ct as if made under ss; and that my narr	I further certify that the oath; that I am an office he appears in Block 10 o	information or director or Block 11 if
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby a indicated of the core	certify that the information supplied with on this report or supplied in the report is poration or the receive or trustee emporation or the receive or trustee emporation or an attachment with an address, we	this filling dospnot qualify fo	NAME STREE CITY- or the exe ony signations	T ADDRESS ST-ZIP	d in Chapter 11s same legal effec 7, Florida Statute	e), Florida Statutes. It as if made under es; and that my nam	I further certify that the oath; that I am an office he appears in Block 10 o	information or or director or Block 11 if
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