2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000038693

1. Entity Name
HAS IMPORT EXPORT INC.

FILED
07 JUN -1 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1528 MYRTLE DR. TALLAHASSEE, FL 32301	1528 MYRTLE DR. TALLAHASSEE, FL 32301

05252007 Chg-P CR2E034 (12/06)

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

4. FEI Number 20-453 1054 ☐ 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
CHAN, CHEY 1817 SOUTH MAGNOLIA DR TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CHAN, CHEY 1817 SOUTH MAGNOLIA DR. TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Media Managing Director LeRoy Wellington 700 West Virginia St. #350 Tallahassee, FL 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS CHAN, PHANNARA H 109 CAMPBELL PARK ROCHESTER, NY 14606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAS, ROBERT 616 STEVENS ST. LOWELL, MA 07851	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Investment Representative Mathieu Joseph 2569 McElroy St. #1 Tallahassee, FL 32310	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DONTCHEV, DIMO 3175 VILLA AVE. 1C BRONK, NY 10468	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300103921543 06/05/07--01051--013 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HANG, BUNNARENE NO. 474 GROUP III KHAN MEAN CHEY, PHMON PENH,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #