

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90066 036 \*\*\*150.00

**DOCUMENT # P98000002471**

1. Entity Name  
**HASSEL TRANSPORT, INC.**



Principal Place of Business      Mailing Address

**519 TURKEY AVE**      **519 TURKEY AVE**  
**ORANGE PARK, FL 32065**      **ORANGE PARK, FL 32065**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**3311 BURGANDY BRANCH DR**      **3311 BURGANDY BRANCH DR**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**ORANGE PARK FL**      **ORANGE PARK FL**

Zip      Country      Zip      Country

**32065**           **32065**           **32065**

40041503



02272007      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**PARADA, LOUIS**  
**519 TURKEY AVE**  
**ORANGE PARK, FL 32065**

4. FEI Number      Applied For

**59-3486627**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

**3311 BURGANDY BRANCH DR**

City      State      Zip Code

**ORANGE PARK FL 32065**

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]*      **LOUIS PARADA**      **President**      **3/29/07**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADA, LOUIS	NAME	
STREET ADDRESS	519 TURKEY AVE	STREET ADDRESS	<b>3311 BURGANDY BRANCH DR</b>
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADA, XINIA	NAME	
STREET ADDRESS	519 TURKEY AVE	STREET ADDRESS	<b>3311 BURGANDY BRANCH DR</b>
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]*      **LOUIS PARADA**      **President**      **3/23/07 - 904-272-4814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #