

**State of California
Secretary of State**



E-789607

FILED

In the office of the Secretary of
State of the State of California

Jul - 21 2009

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**STATEMENT OF INFORMATION
(Domestic Stock and Agricultural Cooperative Corporations)**

**FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **CORPORATE NAME** (Please do not alter if name is preprinted.) **S**
C3142412
NAHA IMPORT EXPORT INC.

DUE DATE:

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
4935 AVENIDA ORIENTE	TARZANA	CA	91356
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
4935 AVENIDA ORIENTE	TARZANA	CA	91356
4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2	CITY	STATE	ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
NAREK SARKISYAN	4935 AVENIDA ORIENTE	TARZANA, CA		91356
6. SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
KARINE LIDA ARAKELIAN	6722 GREENBUSH AVE	VAN NUYS, CA		91401
7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
ALLA GARKAVENKO	13551 CHANDLER BLVD	VAN NUYS	CA	91401

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
ALLA GARKAVENKO	13551 CHANDLER BLVD	VAN NUYS, CA		91401
9. NAME	ADDRESS	CITY	STATE	ZIP CODE
KARINE LIDA ARAKELIAN	6722 GREENBUSH AVE	VAN NUYS, CA		91401
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
NAREK SARKISYAN	4935 AVENIDA ORIENTE	TARZANA, CA		91356

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTIONS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O.Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS
NAREK SARKISYAN

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
4935 AVENIDA ORIENTE TARZANA, CA 91356

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
IMPORT EXPORT

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

07/21/2009 LUSINE MAFYAN ACCOUNTANT
DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE