


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000004823**

1. Entity Name  
**NEWMARKET TRADING, INC.**



Principal Place of Business  
**310 N. WESTLAKE BLVD STE. 250  
WESTLAKE VILLAGE, CA 91362**

Mailing Address  
**PO BOX 14538  
LONG BEACH, CA 90853**

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**95-4745281**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EMANUEL, BILL  
3006 20TH STREET  
VERO BEACH, FL 32960**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

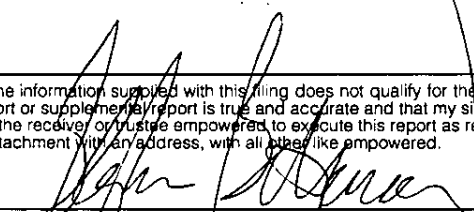
**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	WAKANA, TAKAHIKO
STREET ADDRESS	23104 LOS CODONA AVE
CITY-ST-ZIP	TORRANCE, CA 90505
TITLE	VCVP
NAME	BETTENCOURT, STEPHEN
STREET ADDRESS	2148 W ALLUVIAL
CITY-ST-ZIP	FRESNO, CA 93711
TITLE	D
NAME	RIFE, ROBERT JR
STREET ADDRESS	1171 E LAQUINTA
CITY-ST-ZIP	FRESNO, CA 93720
TITLE	S
NAME	MEYERS, BARRY
STREET ADDRESS	10747 BOBCAT LANE
CITY-ST-ZIP	ARROYO GRANDE, CA 93420
TITLE	T
NAME	TORIUMI, TAKAHISHI
STREET ADDRESS	756 CEDAR POINT PLACE
CITY-ST-ZIP	THOUSAND OAKS, CA 93162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000775058  
01/08/08-80013-025 150.00

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 supplement(s) 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:**  **1-4-08** **559-432-3800**

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

**Stephen Bettencourt VP**