

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30782

Entity Name: AD TRADING, CORP.

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

2917 NW 82 AVENUE  
DORAL, FL 331221037 US

**New Principal Place of Business:**

**Current Mailing Address:**

2917 NW 82 AVENUE  
DORAL, FL 331221037 US

**New Mailing Address:**

FEI Number: 59-2273576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DUARTE, MANUEL  
2917 NW 82 AVENUE  
DORAL, FL 331221037 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: DUARTE, MANUEL  
Address: 2917 NW 82 AVENUE  
City-St-Zip: DORAL, FL 331221037 US

Title: SMD ( ) Delete  
Name: DUARTE, ANA  
Address: 2917 NW 82 AVE  
City-St-Zip: DORAL, FL 331221037 US

Title: D ( ) Delete  
Name: DUARTE, LAURA  
Address: 2917 NW 82 AVENUE  
City-St-Zip: DORAL, FL 33122 US

Title: D ( ) Delete  
Name: DUARTE, NICOLE  
Address: 2917 NW 82 AVENUE  
City-St-Zip: DORAL, FL 33122 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL DUARTE

PTSD

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date