2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117174

Entity Name: THE THIRD TRADITION CORP.

9100 S DADELAND BLVD

MIAMI, FL 33156

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

		III III III III III III III III III II				
Current P	rincipal Pla	ce of Business:	New Prin	New Principal Place of Business:		
9100 S DA SUITE 912 MIAMI, FL		VD				
Current M	lailing Addr	ess:	New Mail	New Mailing Address:		
9100 S. D. SUITE 912 MIAMI, FL		_VD				
FEI Number	: 56-2475905	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
9100 S ÓA SUITE 912 MIAMI, FL	33156 US		e purpose of changing	its registered	d office or registered agent, or both,	
	e of Florida.	y submits this statement for the	e purpose or changing	ns registered	domes of registered agent, or both,	
SIGNATU						
	Electr	onic Signature of Registered A	Agent		Date	
		193(2)(b), F.S., the corporation did ing Trust Fund Contribution ().	not receive the prior notic	ce.		
	S AND DIRE	• , ,	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P HITTERS, JU 9100 S DADI MIAMI, FL 3	ELAND BLVD	Title: Name: Address: City-St-Zip:	HITTERS, JU	ELAND BLVD	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		(X) Change()Addition 5, MARCELA EDITH ELAND BLVD 3156	
Title: Name: Address: City-St-Zip:	S HERBON, EI 9100 S DADI MIAMI, FL 3	ELAND BLVD	Title: Name: Address: City-St-Zip:	HERBON, EI	ELAND BLVD	
Title: Name:	T HITTERS. G/	() Delete ASTON	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: EDUARDO HERBON D 05/01/2008