


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006150		
1. Entity Name REAL TRADING, CORP.		

Principal Place of Business 36 N.E. 1TS STREET STE 601 MIAMI, FL 33132	Mailing Address 36 N.E. 1TS STREET STE 601 MIAMI, FL 33132
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2. Principal Place of Business 36 NE 1ST STREET Suite, Apt. #, etc. SUITE # 423 City & State MIAMI, FLORIDA Zip 33132	Country USA	3. Mailing Address 36 NE 1ST STREET Suite, Apt. #, etc. SUITE # 423 City & State MIAMI, FLORIDA Zip 33132	Country USA
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10032006 REIN-P CR2E098 (11/05)

4. FEI Number 01-0796352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEHTA, NARENDRA 36 N.E. 1TS STREET STE 423 MIAMI, FL 33132	7. Name and Address of New Registered Agent Name NARENDRA MEHTA Street Address (P.O. Box Number is Not Acceptable) 36 NE 1ST STREET SUITE # 423 City MIAMI FL Zip Code 33132
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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 ☒ *N. Mehta* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MEHTA, NARENDRA 36 N.E. 1TS STREET STE 601 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 36 NE 1ST STREET STE# 423 200080638912 10/09/06--01045--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ☒ *N. Mehta* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/15/06 Daytime Phone #