



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F11957 1. Entity Name H G TRADING CORP.			
Principal Place of Business 12226 SW 131ST AVE MIAMI, FL 33186-6402		Mailing Address 12226 SW 131ST AVE MIAMI, FL 33186-6402	
DO NOT WRITE IN THIS SPACE			
		01242007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2075330 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
GARCES, HERNAN, JR 12226 SW 131 AVE MIAMI, FL 33186		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000618373 02/08/07-80027-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	GARCES, HERNAN JR		
STREET ADDRESS	11712 SW 95 STREET		
CITY- ST- ZIP	MIAMI, FL		
TITLE	SD		
NAME	GARCES, CLAUDIA		
STREET ADDRESS	11712 SW 95 STREET		
CITY- ST- ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: <i>Hernan Garces</i>		HERNAN GARCES 01/24/07 3052550151	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	