2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 08:00 AN Secretary of State

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ANNUAL KEPUK I				7	1-Р	Sagrata	Secretary of Sta			
1. Entity Nan	MENT # M76466 TRADING CORP.					secreta	iry oi Sta			
Principal Plac 2555 NW 10 MIAMI, FL 3		Mailing Address 2555 NW 107 AVE MIAMI, FL 33172	GO NT THE							
The second secon	O NOT WRITE	IN THIS SPA	CE	04282008 4. FEI Numbe 65-004		CR2E034 (1				
6. Name and Address of Current Registered Agent SCHIFF, JAMES M 9130 SOUTH DADELAND BLVD. SUITE 1609-TWO DATRAN CENTER MIAMI, FL 33156					NOT W HIS SP	RITE				
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and	re Comi	ed office or register		n, in the State of Flo	orida. I am familia 4/28/ DATE	o d			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees		00931130 8- ₋ 80 <u>002-</u> 0;	<u>17, 150,00</u>			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DII PD NANDWANI, ASHOK N. 2315 NW 107TH AVENUE MIAMI, FL 33172, S DADLANI, CHARLES 2555 N.W. 107N AVE	RECTORS								
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL			DO	NOT W	RITE				
NAME STREET ADDRESS CITY-ST-ZIP				in 1	THIS SP	PACE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE										
NAME STREET ADDRESS	,						A Company			

12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Z