

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 309730

**Entity Name:** BISCAYA TRADING CO., INC.

**Current Principal Place of Business:**

C/O R. J. PACETTI  
2760 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

C/O KRISTINE GREEN  
P.O. BOX 32  
MARQUETTE, WI 53947

**FEI Number:** 13-2576971

**Certificate of Status Desired:** No

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

PACETTI, R. J.  
2760 US 1 SOUTH  
ST. AUGUSTINE, FL 32086 US

*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

**Officer/Director Detail :**

Title           PTSD  
Name           GREEN, KRISTINE SPRESIDE  
Address        356 SHERMAN AVENUE, P.O. BOX 32  
City-State-Zip: MARQUETTE WI 53947

Title           V  
Name           WASSONG, JOHN RVICE PR  
Address        356 SHERMAN AVENUE, P.O. BOX 32  
City-State-Zip: MARQUETTE WI 53947

Title           TREA  
Name           GREEN, KRISTINE STREASUR  
Address        356 SHERMAN AVENUE, P.O. BOX 32  
City-State-Zip: MARQUETTE WI 53947

Title           DIR  
Name           GREEN, KRISTINE SDIRECTO  
Address        356 SHERMAN AVENUE, P.O. BOX 32  
City-State-Zip: MARQUETTE WI 53947

Title           SEC  
Name           GREEN, KRISTINE SSECRET  
Address        356 SHERMAN AVENUE, P.O. BOX 32  
City-State-Zip: MARQUETTE WI 53947

*I hereby 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 all other like empowered.*

**SIGNATURE:** KRISTINE S. GREEN

**PRESIDENT**

**01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date