

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523200

FILED
Mar 22, 2008
Secretary of State

Entity Name: INTER-TRADE BANQUE LTD., INC.

Current Principal Place of Business:

9682/310 FONTAINBLEU BLVD
MIAMI, FL 33172 US

New Principal Place of Business:

9682 FONTAINBLEU BLVD
SUITE 310
MIAMI, FL 33172 US

Current Mailing Address:

P.O. BOX 430065
MIAMI, FL 332430065 US

New Mailing Address:

P.O. BOX 430935
MIAMI, FL 33243 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASKARI, T.
8190 S.W. 78 STREET
SUITE 100
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

ASKARI, T.
9682 FONTAINEBLEAU BLVD
SUITE 310
MIAMI, FL 33172 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:

03/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PMD () Delete
Name: ASKARY, TERESA
Address: 9682 FONTAINBLEU BLVD
City-St-Zip: MIAMI, FL 33172

Title: VDS (X) Delete
Name: CARLSON, ALEXANDER
Address: 9682 FONTAINBLEU BLVD
City-St-Zip: MIAMI, FL 33172

Title: VD () Delete
Name: SALMAN, NAEL,
Address: 8190 S.W. 78 ST.
City-St-Zip: MIAMI, FL

Title: VTD () Delete
Name: COVILLA, DANIEL
Address: 9682 FONTAINBLEU BLVD
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTC (X) Change () Addition
Name: HARB, RIROU
Address: PO BOX 430935
City-St-Zip: MIAMI, FL 33243 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SALMAN, NAEL,
Address: PO BOX 430935
City-St-Zip: MIAMI, FL 33243 US

Title: SD (X) Change () Addition
Name: COVILLA, DANIEL
Address: PO BOX 430935
City-St-Zip: MIAMI, FL 33243

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.

SIGNATURE: RIROU HARB

P

03/22/2008

Electronic Signature of Signing Officer or Director

Date