

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000003866



1. Entity Name
TRADE MART, INC.

Principal Place of Business Mailing Address
800 BRICKELL AVENUE, SUITE 1111 800 BRICKELL AVENUE, SUITE 1111
MIAMI FL 33131 MIAMI FL 33131



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number 13-3086347

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOTTENSTEIN, JEFFREY
800 BRICKELL AVE
SUITE 1111
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHOTTENSTEIN, JEFFREY ☐ Delete
STREET ADDRESS 800 BRICKELL AVENUE, SUITE 1111
CITY - ST - ZIP MIAMI FL 33131

TITLE V
NAME GREENFIELD, MARVIN ☐ Delete
STREET ADDRESS 477 MADISON AVENUE
CITY - ST - ZIP NEW YORK NY 10022

TITLE S
NAME NICK, NORMAN W ☐ Delete
STREET ADDRESS 477 MADISON AVENUE
CITY - ST - ZIP NEW YORK NY 10022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
U000000634827
02/22/07-80028-003 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/07 3053712824