


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # F03000004823**

1. Entity Name  
**NEWMARKET TRADING, INC.**



Principal Place of Business <b>310 N. WESTLAKE BLVD STE. 250          WESTLAKE VILLAGE, CA 91362</b>	Mailing Address <b>PO BOX 14538          LONG BEACH, CA 90853</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>95-4745281</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**EMANUEL, BILL  
 3006 20TH STREET  
 VERO BEACH, FL 32960**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WAKANA, TAKAHIKO 23104 LOS CODONA AVE TORRANCE, CA 90505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP BETTENCOURT, STEPHEN 2148 W ALLUVIAL FRESNO, CA 93711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIFE, ROBERT JR 1171 E LAQUINTA FRESNO, CA 93720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERS, BARRY 10747 BOBCAT LANE ARROYO GRANDE, CA 93420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORIUMI, TAKAHISHI 756 CEDAR POINT PLACE THOUSAND OAKS, CA 93162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/17/07-80074-008 150.00

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 empowerments.

SIGNATURE: *Robert Rife Jr* **1-11-07** **554-43-2-3500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #