03-12-2008 90034 038 ***108.75
05-09-2008 90005 004 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000003085

1. Entity Name
AMERICAORIENT TRADING CORP.

Principal Place of Business	Mailing Address
EAST 53RD ST - MARBELLA,SWISS BANK BLDG 2ND FLOOR PANAMA, R. OF PANAMA, XX	P O BOX 0819-09132 PANAMA REPUBLIC OF PANAMA, XX

02112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired — [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NETWORLD, INC. 7350 NW 12TH ST STE 202 MIAMI, FL 33126	Name: Networld, INC. Street Address (P.O. Box Number is Not Acceptable): 409 Dareco Ave. City: Coral Gables, FL Zip Code: 33146

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC DIAZ, EDGARDO E EAST 53RD ST - MARBELLA,SWISS BNK BLDG 2FL PANAMA, R. OF PANAMA,	[ ] Delete	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIL, FERNANDO A EAST 53RD ST - MARBELLA,SWISS BNK BLDG 2FL PANAMA, R. OF PANAMA,	[ ] Delete	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE NAVARRO, MYRNA EAST 53RD ST - MARBELLA,SWISS BNK BLDG 2FL PANAMA, R. OF PANAMA,	[ ] Delete	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition

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 empowered.

SIGNATURE: _____ Feb 23, 2008
EDGARDO E DIAZ — 507-269-2620

JC 6/16