

03-12-2008 90034 038 ***108.75
05-09-2008 90005 004 ****50.00
F07000003085

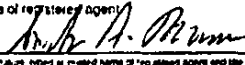
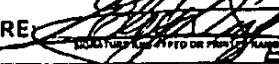
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000003085			
1. Entity Name AMERICAORIENT TRADING CORP.			
Principal Place of Business EAST 53RD ST - MARBELLA, SWISS BANK BLDG 2ND FLOOR PANAMA, R. OF PANAMA, XX		Mailing Address P O BOX 0819-09132 PANAMA REPUBLIC OF PANAMA, XX	
2. Principal Place of Business - No P.O. Box if		3. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02112008 Chg-P		CR2E034 (12/06)	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		☐ Not Applicable	
8. Name and Address of Current Registered Agent NETWORKLD, INC. 7350 NW 12TH ST STE 202 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Networkld, Inc. Street Address (P.O. Box Number is Not Acceptable) 409 Dareco Ave. City Coral Gables, FL Zip Code 33146	
9. 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		8. 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, EDUARDO E ☐ Delete EAST 53RD ST - MARBELLA, SWISS BNK BLDG 2FL PANAMA, R. OF PANAMA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIL, FERNANDO A ☐ Delete EAST 53RD ST - MARBELLA, SWISS BNK BLDG 2FL PANAMA, R. OF PANAMA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DE NAVARRO, MYRNA ☐ Delete EAST 53RD ST - MARBELLA, SWISS BNK BLDG 2FL PANAMA, R. OF PANAMA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 to this report, with all other facts empowered.			
SIGNATURE 		Date FEB 23, 2008 507-269-2620	

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