


**2008 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F07000003421**  
 1. Entity Name  
**MLD TRADING, INC.**



Principal Place of Business 1515 N. FEDERAL HIGHWAY SUITE 300 - OFFICE #29 BOCA RATON, FL 33432	Mailing Address 1515 N. FEDERAL HIGHWAY SUITE 300 - OFFICE #29 BOCA RATON, FL 33432
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02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0405617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 NESBETH, AUTUMN  
 1515 N. FEDERAL HIGHWAY  
 SUITE 300 - OFFICE #29  
 BOCA RATON, FL 33432

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renating) 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


U00000884907  
 04/17/08-20052-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLEY, MARK 1515 N. FEDERAL HIGHWAY #300 OFFICE #29 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, BRIAN 1515 N. FEDERAL HIGHWAY #300 OFFICE #29 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENBERG, JOEL 1515 N. FEDERAL HIGHWAY #300 OFFICE #29 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SILVERBERG, TODD 1515 N. FEDERAL HIGHWAY #300 OFFICE #29 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  Brian Sullivan 3/24/2008 610-617-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #