2007 FOR PROFIT CORPORATION

Apr 19, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #F30524 04-19-2007 90416 002 ***150.00 1. Entity Name DIPLOMAT TRADING, INC. Mailing Address Principal Place of Business 8890 NW 24TH TERR. 8890 NW 24TH TERR. MIAMI, FL 33172 MIAMI, FL 33172 03072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2094302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent **GUTIERREZ, GUSTAVO PA** DO NOT WRITE 155 SOUTH MIAMI AVE, PENTHOUSE 1 MIAMI, FL 33130 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 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 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. СН TITI F BRADMAN, MORRIS NAME STREET ADDRESS 221 SW 40TH AVE. MIAMI, FL CITY-ST-7IP TITLE BRADMAN, DAVID VID 1101 SAN PERRO A. CORNE GAN/O, Fl. 33156 NAME 9927 NW 29TH ST STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 expressed 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 apprecase with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED