2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F30524

1. Entity Name
DIPLOMAT TRADING, INC.

Principal Place of Business	Mailing Address
8890 NW 24TH TERR.	8890 NW 24TH TERR.
MIAMI, FL 33172	MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

04012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2094302	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, GUSTAVO PA
155 SOUTH MIAMI AVE, PENTHOUSE 1
MIAMI, FL 33130

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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)   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

U00000881037
04/15/09-80083-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	CH
NAME	BRADMAN, MORRIS
STREET ADDRESS	221 SW 40TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	BRADMAN, DAVID
STREET ADDRESS	1101 SAN PEDRO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: X_____ DAVID BRADMAN   4/1/08   (305) 594-0437

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