2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # F68622 1. Entity Name MICASA TRADING CORP. 2007 MAY 31 PM 1:44 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA % DAVID WECK % DAVID WECK 2801 N.W. 3RD AVE. 2801 N.W. 3RD AVE. MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05162007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2163516 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WECK, DAVID Street Address (P.O. Box Number is Not Acceptable) 2801 N.W. 3RD AVE. MIAMI, FL 33127 Zip Code FL 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 7 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Addition CK, ĎAVID NAME NAME 700104108537 STREET ADDRESS 2801 N.W. 3RD AVE. STREET ADDRESS 06/08/07--01013--011 **61.25 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 TITLE ☐ Change ☐ Addition ☐ Delete THIE BERENSON, DIANA NAME NAME STREET ADDRESS 2801 N.W. 3RD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL HILE ☐ Delete TITLE Change ☐ Addition BERENSON, STEVEN NAME NAME STREET ADDRESS 2801 NW 3 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL TITLE **X** Delete TITLE ☐ Change Addition NAME ALLOCCO, ELIZABETH NAME STREET ADDRESS 2801 NW 3 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 attachn

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