

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002859	
1. Entity Name ALL AROUND TRADING, INC.	

Principal Place of Business 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131
--	--

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0155717	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

ROSEN, BORIS
1001 BRICKELL BAY DR
SUITE 1400
MIAMI, FL 33131

**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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CHIRIBOGA, GONZALO AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIRIBOGA, MARTIN AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIRIBOGA, RAQUEL C AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIRIBOGA, CARMEN AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHIRIBOGA, GONZALO AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000843460
03/11/08-80069-025 150.00

**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: GONZALO CHIRIBOGA ✓ 26-02/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #