

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002859

FILED
May 01, 2009
Secretary of State

Entity Name: ALL AROUND TRADING, INC.

Current Principal Place of Business:

1001 BRICKELL BAY DR
SUITE 1400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1001 BRICKELL BAY DR
SUITE 1400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 98-0155717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: CHIRIBOGA, GONZALO
Address: AV. COLON 698, EDIFICIO EL DORADO
City-St-Zip: QUITO ECUADOR,

Title: VD () Delete
Name: CHIRIBOGA, MARTIN
Address: AV. COLON 698, EDIFICIO EL DORADO
City-St-Zip: QUITO ECUADOR,

Title: SD () Delete
Name: CHIRIBOGA, RAQUEL C
Address: AV. COLON 698, EDIFICIO EL DORADO
City-St-Zip: QUITO ECUADOR,

Title: TD () Delete
Name: CHIRIBOGA, CARMEN
Address: AV. COLON 698, EDIFICIO EL DORADO
City-St-Zip: QUITO ECUADOR,

Title: VSD () Delete
Name: CHIRIBOGA, GONZALO
Address: AV. COLON 698, EDIFICIO EL DORADO
City-St-Zip: QUITO ECUADOR,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GONZALO CHIRIBOGA

P

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date