


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # J48678 1. Entity Name CONKER TRADING CORPORATION	
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Principal Place of Business 5280 NW 167 STREET HIALEAH, FL 33014	Mailing Address 5280 NW 167 STREET HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2761948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAINERMAN, RICARDO
5280 NW 167 STREET
HIALEAH, FL 33014**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAINERMAN, RICARDO 300 W MCINTIRE ST KEY BISCAYNE, FL
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01/09/07-80002-019 150.00

**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: *Ricardo Rainerman* **RICARDO RAINERMAN PSD** 01-03-07 (205)621-4848

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