


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90017 011 ***150.00

DOCUMENT # K23741		
1. Entity Name DAVID TRADING CO., INC.		

Principal Place of Business 750 NW 72 AVENUE SUITE 2 MIAMI, FL 33126	Mailing Address 750 NW 72 AVENUE SUITE 2 MIAMI, FL 33126
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40063410



2. Principal Place of Business - No P.O. Box # 7280 N.W. 7 Street unit 102 (Suite) Apt. #, etc. #102		3. Mailing Address 7280 N.W. 7 street (Suite) Apt. #, etc. #102	
City & State Miami		City & State MIAMI	
Zip 33126	Country	Zip 33126	Country

02042008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0073898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAI, CHRISTINE 750 NW 72 AVENUE SUITE 2 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name LAI Ling Rong Wen Street Address (P.O. Box Number is Not Acceptable) 320 N.W. 72 Ave City Miami FL Zip Code 33126	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTS	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WEN, LING RONG LAI		NAME	
STREET ADDRESS 13750 SW 109TH STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33186		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CHENG WEN, SHIH		NAME	
STREET ADDRESS 13750 SW 109 ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33186		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: Lai Ling Rong Wen 2/4/08 (305) 566-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #