

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90002 031 \*\*\*150.00

**DOCUMENT # K57684**

1. Entity Name  
W. H. TRADING INC.



Principal Place of Business  
3405 NW 115 AVENUE  
MIAMI, FL 33178 US

Mailing Address  
7328 SW 48 STREET  
MIAMI, FL 33155-5523 US

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0093788

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KHILNANI, SURESH  
3405 NW 115 AVE  
MIAMI, FL 33178

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
PD  
KHILNANI, SURESH  
3405 NW 115 AVENUE  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

Suresh Khilnani  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #