


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90041 042 ***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		
2. Principal Place of Business - No P.O. Box # 3300 NW 112 Ave		3. Mailing Address Suite, Apt. #, etc. City & State Miami, FL Zip 33172 Country			
4. FEI Number 65-0093788		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 KHILNANI, SURESH 3405 NW 115 AVE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 NW 112 Ave City Miami FL Zip Code 33172		
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: <u>Suresh Khilnani</u> <u>Suresh Khilnani</u> <u>02/01/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHILNANI, SURESH 3405 NW 115 AVENUE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 NW 112 Ave Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KHILNANI, MEENU 3405 NORTHWEST 115 AVENUE MIAMI, FL 33178	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Suresh Khilnani</u> <u>Suresh Khilnani</u>			02/01/07 305 5990074		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		