

2007 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L10215

1. Entity Name
 LIP TRADING CO.



Principal Place of Business
 20245 N.E. 16TH PLACE
 NORTH MIAMI, FL 33179

Mailing Address
 20245 N.E. 16TH PLACE
 NORTH MIAMI, FL 33179



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0137321	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSITZ, WILLIAM
 20245 NE 16TH PLACE
 NORTH MIAMI, FL 33179

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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 reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LIPSITZ, WILLIAM 20245 N.E. 16TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LIPSITZ, MARIA EUGENIA 20245 NE 16 PLACE NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/2/07 Daytime Phone # _____