

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # L76502

1. Entity Name
NATIONAL TRADING COMPANY, INC.



Principal Place of Business
**65 NE 202ND TERRACE
SUITE Q-9
NORTH MIAMI, FL 33179-2928**

Mailing Address
**65 NE 202ND TERRACE
SUITE Q-9
NORTH MIAMI, FL 33179-2928**



04232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0195215	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

**BILLINI, RAFAEL A.
65 NE 202ND TERRACE
SUITE Q-9
NORTH MIAMI, FL 33179**

**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 file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BILLINI, RAFAEL A
STREET ADDRESS	65 NE 202ND TERRACE Q-9
CITY-ST-ZIP	NORTH MIAMI, FL 33179

TITLE	DVT
NAME	BILLINI, ELSA M
STREET ADDRESS	65 NE 202ND TERRACE Q-9
CITY-ST-ZIP	NORTH MIAMI, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80105-004 150.00

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06

Date

306.672-2201

Daytime Phone #