

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L89636

1. Entity Name
FORECAST TRADING CORPORATION



Principal Place of Business
**ATTN: F.D. OLEFSON
2760 NW 63RD CT.
FT LAUDERDALE, FL 33309**

Mailing Address
**ATTN: F.D. OLEFSON
2760 NW 63RD CT.
FT LAUDERDALE, FL 33309**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2332883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLEFSON, F.D.
2780 NW 63 CT
FT LAUDERDALE, FL 33301**

**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

000000588029

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/17/07-80056-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLEFSON, FREDRIC D
STREET ADDRESS	2760 NW 63 CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	ST
NAME	OLEFSON, JESSICA
STREET ADDRESS	2760 NW 63 CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	P
NAME	OLEFSON, JEFFEREY
STREET ADDRESS	2760 NW 63 CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
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 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

FRED OLEFSON

Date

Daytime Phone #

1/19/07 954971102