

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M20199

FILED
May 11, 2009
Secretary of State

Entity Name: MOANA TRADING CORPORATION

Current Principal Place of Business:

100 WIMBLEDON LK DR
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

PO BOX 291617
FT LAUDERDALE, FL 33329

New Mailing Address:

FEI Number: 59-2584380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFARGA, VICTOR
100 WIMBLEDON LK DR
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVERO, EDUARDO SUAREZ
Address: 146 WIMBLEDON LAKE DR.
City-St-Zip: PLANTATION, FL

Title: MD () Delete
Name: LAFARGA, VICTOR
Address: 146 WIMBLEDON LAKE DR.
City-St-Zip: PLANTATION, FL

Title: VD () Delete
Name: LAFARGA, GRACE SUAREZ-RI
Address: 146 WIMBLEDON LAKE DR
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR J. LAFARGA

MD

05/11/2009

Electronic Signature of Signing Officer or Director

Date