

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 043 ***150.00

DOCUMENT # P00000005650

1. Entity Name
MBA TRADING INC.



Principal Place of Business Mailing Address
~~8400 HILMERTON RD~~ 10975 96th St. N ~~8400 HILMERTON RD~~ PO Box 4212
~~SUITE 400~~ ~~SUITE 400~~ SEMINOLE
~~LARGO, FL 33771~~ LARGO, FL 33771 LARGO, FL 33771 FLORIDA 33775

40018482



2. Principal Place of Business 3. Mailing Address
10975 96th Street N PO Box 4212
Suite, Apt. #, etc. Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05)

City & State City & State
Largo Florida Seminole FL
Zip Country Zip Country
33773 USA 33775 USA

4. FEI Number Applied For
59-3621065 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENGTSON, MATS
10975 96TH STREET NORTH
LARGO, FL 33773

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 MATS BENGTSON OWNER 2/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENGTSON, MATS	
STREET ADDRESS	10975 96TH STREET N	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENGTSON, BERNA A	
STREET ADDRESS	10975 96TH STREET N	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 my address, with all other like empowered.

SIGNATURE: MATS BENGTSON 2/23/06 727 3922658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #