

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000031033</b>                   |  |
| 1. Entity Name<br><b>A.W TRADING CORPORATION</b> |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>6695 NE 2ND AVE.<br/>MIAMI, FL 33138</b> | Mailing Address<br><b>6695 NE 2ND AVE.<br/>MIAMI, FL 33138</b> |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



08302005 No Chg-P CR2E034 (10/03)

|                                                                                                 |                                                     |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 4. FCI Number<br><b>65-1008973</b>                                                              | Applied For<br><input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                     |

6. Name and Address of Current Registered Agent

**AWAWDEH. ABDELHALIM  
6695 NE 2ND AVE.  
MIAMI, FL 33138**

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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 qualifications of registered agent.

SIGNATURE: \_\_\_\_\_

|                                                                 |                                                                                                                            |                                                                                                 |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

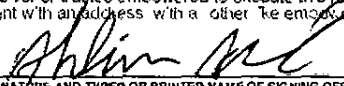
10. OFFICERS AND DIRECTORS

|                                                |                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <b>P<br/>AWAWDEH. ABDELHALIM<br/>6695 NE 2ND AVE.<br/>MIAMI, FL 33138</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                           |

**U000000377675  
09/07/05-80008-010 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a other be employed.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR