

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90030 007 \*\*\*158.75

**DOCUMENT # P00000031033**

1. Entity Name  
**A.W TRADING CORPORATION**



Principal Place of Business  
**6695 NE 2ND AVE.  
MIAMI, FL 33138**

Mailing Address  
**6695 NE 2ND AVE.  
MIAMI, FL 33138**

**66001845**



**DO NOT WRITE IN THIS SPACE**

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1008973**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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: *ABD Halim Awawdeh*

(NOTE: Registered Agent signature required when reappointing)

*1/15/08*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008, Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

|                 |                     |
|-----------------|---------------------|
| TITLE           | P                   |
| NAME            | AWAWDEH, ABDELHALIM |
| STREET ADDRESS  | 6695 NE 2ND AVE.    |
| CITY - ST - ZIP | MIAMI, FL 33138     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
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| 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: *ABD Halim Awawdeh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/08*

DATE

*305-754-8896*

DAYTIME PHONE #