

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049431

Entity Name: ALGONQUIN TRADING CO., INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 332172
MIAMI, FL 332332172

New Principal Place of Business:

3251 FLORIDA AVENUE
MIAMI, FL 33133

Current Mailing Address:

PO BOX 332172
MIAMI, FL 332332172

New Mailing Address:

FEI Number: 65-1012004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKLAREY, SETH
610 S. DIXIE HWY
HALLANDALE, FL 33009 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SKLAREY, SETH
Address: PO BOX 332172
City-St-Zip: MIAMI, FL 332332172

Title: VD () Delete
Name: FRAZIER, LAWRENCE
Address: PO BOX 332172
City-St-Zip: MIAMI, FL 332332172

Title: VD () Delete
Name: BUCHANAN, ARELIOUS
Address: PO BOX 332172
City-St-Zip: MIAMI, FL 332332172

Title: VD () Delete
Name: JACKSON, THOMAS W
Address: BOX 332172
City-St-Zip: COCONUT GROVE, FL 332332172

Title: AVP () Delete
Name: MILTON, KEVIN
Address: PO BOX 332172
City-St-Zip: COCONUT GROVE, FL 33233

Title: AVP () Delete
Name: JONES, B.C.
Address: PO BOX 332172
City-St-Zip: COCONUT GROVE, FL 33233

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:

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

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

Title: VD (X) Change () Addition
Name: LOPEZ, OMAR
Address: 7028 SW 106TH PLACE
City-St-Zip: MIAMI, FL 33173

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: SETH SKLAREY

PSD

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date