2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P00000049431

Entity Name: ALGONQUIN TRADING CO., INC.

Current Principal Place of Business:

3251 FLORIDA AVENUE
MIAMI, FL 33133

New Principal Place of Business:

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 (X)**

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	(X) Delete
Name:	MILTON, KEVIN	
Address:	PO BOX 332172	
City-St-Zip:	COCONUT GROVE, FL 33233	
Title:	VD	( ) Delete
Name:	LOPEZ, OMAR	
Address:	7028 SW 106TH PLACE	
City-St-Zip:	MIAMI, FL 33173	

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:	( ) 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: SETH SKLAREY PSD 04/29/2008

Electronic Signature of Signing Officer or Director — Date