

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT# P00000056700

1. Entity Name
MN TRADES INC.



FILED
Apr 30, 2007 08:00 AM
Secretary of State

Principal Place of Business
200 LESLIE DRIVE
SUITE 815
HALLANDALE BEACH FL 33009

Mailing Address
200 LESLIE DRIVE
SUITE 815
HALLANDALE BEACH FL 33009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1009218

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH FL 33064

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PAULA, JOAO M
STREET ADDRESS 200 LESLIE DR SUITE 815
CITY- ST- ZIP HALLANDALE BEACH FL 33009

TITLE V ☐ Delete
NAME MONTORO, RICARDO
STREET ADDRESS 200 LESLIE DR SUITE 815
CITY- ST- ZIP HALLANDALE BEACH FL 33009

TITLE S ☐ Delete
NAME MONTORO, NEUZA
STREET ADDRESS 200 LESLIE DR SUITE 815
CITY- ST- ZIP HALLANDALE BEACH FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000742642
CITY- ST- ZIP 05/15/07-80078-008 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 Section 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:

Ricardo Montoro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07 9544559320
Date Daytime Phone #