2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P00000086248

Entity Name: HEDAP INTERNATIONAL TRADE CORPORATION

Current Principal Place of Business:

1614 NW 90 WAY
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1614 NW 90 WAY
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-1056998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE ARMAS PEDRAZA, JOSE MARIA
1614 NW 90 WAY
PEMBROKE PINES, FL 33024 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: D ( ) Delete
Name: DE ARMAS PEDRAZA, TYRONE
Address: 1614 NW 90 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: DE ARMAS PEDRAZA, JANETH
Address: 1614 NW 90 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: DE ARMAS PEDRAZA, JOSE MIGUEL
Address: 1614 NW 90 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: DE ARMAS PEDRAZA, PILAR
Address: 1614 NW 90 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: DE ARMAS PEDRAZA, JOSE MARIA
Address: 1614 NW 90 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: DE ARMAS PEDRAZA, CRISTINA
Address: 1614 NW 90 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

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: JOSE MARIA DE ARMAS D 04/30/2007

Electronic Signature of Signing Officer or Director — Date