


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90039 013 ***150.00

DOCUMENT # P00000103934		
1. Entity Name P & A TRADING, INC.		

Principal Place of Business 3405 NW 115TH AVE MIAMI, FL 33178	Mailing Address 3405 NW 115TH AVE MIAMI, FL 33178
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40010565

2. Principal Place of Business - No P.O. Box # 3300 NW 112 Ave	3. Mailing Address 3300 NW 112 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01312007 Chg-P CR2E034 (12/06)

City & State Miami, FL	City & State Miami, FL
Zip 33172	Zip 33172
Country	Country

4. FEI Number 65-1052395	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAKHRANI, GOBIND 3405 NW 115TH AVE MIAMI, FL 33178	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	3300 NW 112 Ave
City	Miami
State	FL
Zip Code	33172

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 G. Sakhrani	Gobind Sakhrani
Signature, typed or printed name of registered agent and title if applicable	DATE 2/1/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SAKHRANI, GOBIND 3405 NW 115TH AVE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3300 NW 112 Ave Miami, FL 33172 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: G. Sakhrani	Gobind Sakhrani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2/1/07