## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90068 022 \*\*\*150.00 **DOCUMENT # P01000011432** E&Y INTERNATIONAL TRADING, CORP. Principal Place of Business Mailing Address 20007955 8150 NW 33 ST 8150 NW 33 ST MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03082007 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-1073288 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, ENRIQUE J Street Address (P.O. Box Number is Not Acceptable) 181 NW 97 AVE., #507 MIAMI, FL 33172 City Zip Code FL 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete HILE PEREZ, ENRIQUE JOSE PEREZ ENRIQUE TOSE 1666 SE 31 CT. NAME NAME 181 NW 97 AVE., #507 STREET ADDRESS STREET ADDRESS HOMESTEAD FL MIAMI, FL 33172 CITY ST ZIP CITY-ST-ZIP SD ☐ Delete HILE Change ☐ Addition TITLE ORTIZ YEIMY ORTIZ, YEIMY NAME 181 NW 97 AVE., #507 STREET ADDRESS STREET ADDRESS 1666 SE 31 ct. MIAMI, FL 33172 CITY-ST ZIP CITY ST ZIP 33035 HOMES TEAD ☐ Delete THE Change ☐ Addition DE PEREZ, JOSEFINA R NAME NAME STREET ADDRESS CALLE COMEOCO NO 100-52 STREET ADDRESS CITY-ST-ZIP VALENCIA, VENEZUELA, CHY SI-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP ☐ Delete Change Addition TILLE THE

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.

MAMI

101 E

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY ST ZIP

CITY ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY -ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

**FILED** 

Daytime Phone 4

☐ Change

☐ Addition