

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000014712**

1. Entity Name  
**FASAL TRADING CORP.**



Principal Place of Business  
**250 CATALONIA AVENUE  
SUITE 400  
CORAL GABLES, FL 33134**

Mailing Address  
**250 CATALONIA AVENUE  
SUITE 400  
CORAL GABLES, FL 33134**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1077387**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GUILLEN, ANA M  
250 CATALONIA AVENUE  
SUITE 400  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **SLEUMER, JOHANNES B**  
STREET ADDRESS **RUA SAO PAULO 2344/APT 1701-LOURDES**  
CITY-ST-ZIP **31170-132 BELO HORIZOONE MGB,**

TITLE **D**  
NAME **DE ASSIS, ANTONIO M**  
STREET ADDRESS **RUA DO OURO NR 1014/APT. 1001-SERRA**  
CITY-ST-ZIP **30220-000 BELO HORIZOONE MGB,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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02/19/07-80015-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*ANA M. Guillen Reg. Agt* 1/09/07 305 4442423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #