

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90087 014 ***150.00

DOCUMENT # P01000029323 1. Entity Name AMERICAN & MIDDLE-EAST TRADING CORP					
Principal Place of Business 5802 E. COLUMBUS DR TAMPA, FL 33619			Mailing Address 5802 E. COLUMBUS DR TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box # 18120 Emerald Bay ST		3. Mailing Address 18120 Emerald Bay ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3712568	
Zip 33647		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33647		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABUHLIMEH, HUTNEYFA A 5802 E. COLUMBUS DR TAMPA, FL 33619			7. Name and Address of New Registered Agent Name ABUHALIMEH, HUTAYFA Street Address (P.O. Box Number is Not Acceptable) 18120 Emerald Bay ST City TAMPA FL Zip Code 33647		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABUHALIMEH, HUTAYFA A 5802 E. COLUMBUS DR TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABUHALIMEH, HUTAYFA 18120 Emerald Bay ST TAMPA FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					