

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051265

FILED
Jan 27, 2008
Secretary of State

Entity Name: MADRUGA INTERNATIONAL TRADE & FINANCE COMPANY

Current Principal Place of Business:

1550 MADRUGA AVENUE
SUITE 406
CORAL GABLES, FL 33146 US

New Principal Place of Business:

6705 RED ROAD
SUITE 503
CORAL GABLES, FL 33143 US

Current Mailing Address:

1550 MADRUGA AVENUE
SUITE 406
CORAL GABLES, FL 33146 US

New Mailing Address:

6705 RED ROAD
SUITE 503
CORAL GABLES, FL 33143 US

FEI Number: 65-1108947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIVA, MARIA CAMILA
1550 MADRUGA AVENUE
SUITE 406
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LEIVA, MARIA CAMILA
6705 RED ROAD
SUITE 503
CORAL GABLES, FL 33143 US

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:

01/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEIVA, GERMAN
Address: 1550 MADRUGA AVE., STE. 406
City-St-Zip: CORAL GABLES, FL 33146

Title: DVST () Delete
Name: LEIVA, MARIA CAMILA
Address: 1550 MADRUGA AVE., STE. 406
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: FREED, OWEN S
Address: 150 W FLAGLER STREET SUITE 2200
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEIVA, GERMAN
Address: 6705 RED ROAD STE 503
City-St-Zip: CORAL GABLES, FL 33143

Title: DVST (X) Change () Addition
Name: LEIVA, MARIA CAMILA
Address: 6705 RED ROAD STE 503
City-St-Zip: CORAL GABLES, FL 33146

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: MARIA CAMILA LEIVA

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01/27/2008

Electronic Signature of Signing Officer or Director

Date