

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # P01000062514

1. Entity Name
TALA TRADING INC.



Principal Place of Business
7520 N.E 4TH CTR
MIAMI FL 33138

Mailing Address
7520 N.E 4TH CTR
MIAMI FL 33138



2. Principal Place of Business - No P.O. Box #

Same as above.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1117071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMMOUD, IMAD
889 NE 78 STREET
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HAMMOUD, IMAD
STREET ADDRESS 889 NE 78 STREET
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ Delete
NAME HAMMOUD, MOHAMAD K
STREET ADDRESS 889 NE 78 STREET
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ Delete
NAME HAMMOUD, ABDUL R
STREET ADDRESS 889 NE 78 STREET
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ Delete
NAME HAMMOUD, MAROUF
STREET ADDRESS 921 NE 78 STREET
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000677013
CITY-ST-ZIP 03/30/07-80085-021 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

IMAD HAMMOUD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20-07. (305) 758-4444.
Date Daytime Phone #