2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000063354

1. Entity Name ALCA TRADING, CORPORATION



FILED Mar 12, 2007 08:00 AM Secretary of State

Principal Place of Business

5301 BLUE LAGOON DR

SUITE 570 MIAMI, FL 33126 US Mailing Address

5301 BLUE LAGOON DR SUITE 570

MIAMI, FL 33126 US



03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1116608 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALES, GUSTAVO 5396 NW 106 COURT MIAMI, FL 33178

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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 hostered agent.					
SIGNATURE Signature. Typhobo protect common of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
FILE NOWIII 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 NAME STREET ADDRESS CITY-ST-ZIP	P GUERRERO, JUAN CARLOS 5301 BLUE LAGOON DR SUITE 570 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDST GUERRERO, ALVARO 5301 BLUE LAGOON DR SUITE 570 MIAMI, FL 33126	;			000000662804 03/21/07-80027-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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					

12. Thereby 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03*-*08-01

305-265-833

Daytime Phone