

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90053 002 \*\*\*150.00

40031430



02132008 Chg-P CR2E034 (12/06)

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P01000090255</b><br>1. Entity Name<br><b>I.A.M.C.O. TRADING CORP.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>501 GOLDEN ISLES DRIVE<br/>SUITE 203<br/>HALLANDALE, FL 33009</b>  |  |   | Mailing Address<br><b>501 GOLDEN ISLES DRIVE<br/>SUITE 203<br/>HALLANDALE, FL 33009</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country  |   | 4. FEI Number<br><b>65-1137996</b><br>Applied For<br>Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>                               |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ANTHONY S. ADELSON, P.A.<br/>501 GOLDEN ISLES DRIVE<br/>SUITE 203<br/>HALLANDALE, FL 33009</b>  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>ADELSON, IRENE<br>501 GOLDEN ISLES DRIVE, SUITE 203<br>HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ADELSON, MAX<br>501 GOLDEN ISLES DRIVE, SUITE 203<br>HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |   |  |
| <b>SIGNATURE:</b>  |  |   | 2/19/08 - 954-458-9253<br>Date      Daytime Phone #   |   |  |