

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000098742

1. Entity Name
INTERNATIONAL STRUCTURED TRADES
INCORPORATED



Principal Place of Business
C/O RICARDO J. SOUTO, ESQ.
201 S. BISCAYNE BLVD., STE. 1500
MIAMI, FL 33131

Mailing Address
C/O RICARDO J. SOUTO, ESQ.
201 S. BISCAYNE BLVD., STE. 1500
MIAMI, FL 33131

FILED

07 APR -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-1157556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER, SUITE 1500 (R/S)
201 S. BISCAYNE BLVD.
MIAMI, FL 33131

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IN THIS SPACE

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

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
DT
PEREZ, JOSE VELASCO
201 S. BISCAYNE BLVD., STE. 1500 (R/S)
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PIEDRAS, JUAN ANTONIO
201 S. BISCAYNE BLVD., STE 1500 (R/S)
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MEMBRENO, BENJAMIN T
201 S. BISCAYNE BLVD., STE 1500 (R/S)
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800096383648
04/11/07--01005--011 **150.00

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2007 011-3491-4791053
Date Daytime Phone #