


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90001 024 \*\*\*150.00

<b>DOCUMENT # P02000006150</b>	
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1. Entity Name  
REAL TRADING, CORP.

Principal Place of Business  
36 N.E. 1TS STREET  
SUITE #423  
MIAMI, FL 33132

Mailing Address  
36 N.E. 1TS STREET  
SUITE #423  
MIAMI, FL 33132

2. Principal Place of Business - No P.O. Box #  
**36 NE 1ST STREET**  
Suite, Apt. #, etc.  
**SUITE # 423**

3. Mailing Address  
**36 NE 1ST STREET**  
Suite, Apt. #, etc.  
**SUITE # 423**

City & State  
**MIAMI, FL**  
Zip  
**33132**  
Country  
**USA**

City & State  
**MIAMI, FL**  
Zip  
**33132**  
Country  
**USA**

06052007 Chg-P CR2E034 (12/06)

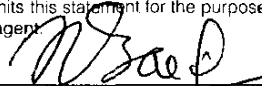
4. FEI Number  
01-0796352  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MEHTA, NARENDRA**  
**36 N.E. 1TS STREET**  
**SUITE #423**  
**MIAMI, FL 33132**

7. Name and Address of New Registered Agent  
Name  
**NARENDRA MEHTA**  
Street Address (P.O. Box Number is Not Acceptable)  
**36 NE 1ST STREET**  
**SUITE # 423**  
City  
**MIAMI** FL Zip Code  
**33132**

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 **X** 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 6-6-07**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

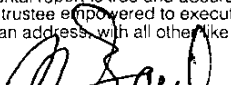
## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MEHTA, NARENDRA 36 N.E. 1TS STREET STE 601 MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **X**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X 6-6-07**