2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017405

Address:

City-St-Zip:

5217 W 26 AVENUE

HIALEAH, FL 33016

Entity Name: ALTAIR TRADING CORP.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11390 NW 87TH ST HIALEAH, FL 330184514 **Current Mailing Address: New Mailing Address:** 2850 WEST 80 ST., #105 2850 WEST 80 ST., #105 HIALEAH, FL 33016 HIALEAH, FL 33018 FEI Number: 02-0563249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, ARTURO R GARCIA, ARTURO R 2850 WEST 80 ST., #105 2850 WEST 80 ST., #105 HIALEAH, FL 33016 HIALEAH, FL 33018 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. SIGNATURE: 04/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GARCIA, ARTURO R Name: Name: 2850 WEST 80 ST # 105 Address: Address: City-St-Zip: HIALEAH, FL 33018 City-St-Zip: () Delete Title: Title: () Change () Addition Name: GARCIA, MIUREL Name: 11390 NW 87TH ST Address: Address: HIALEAH, FL 330184514 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition GARCIA, MARIANA Name: Name: 8353 SW 107 AVE #A Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: TD () Delete Title: () Change () Addition RAMIREZ, FÈLIX Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ARTURO GARCIA PSV 04/27/2007