


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90048 031 ***150.00

DOCUMENT # P02000075484		
1. Entity Name TRAUM INTERNATIONAL, INC.		

Principal Place of Business 10845 SW 138 ST MIAMI, FL 33176	Mailing Address 10845 SW 138 ST MIAMI, FL 33176
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40123370

2. Principal Place of Business - No P.O. Box # 325 Worth Ave	3. Mailing Address 325 Worth Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07062007 Chg-P CR2E034 (12/06)

City & State Palm Beach FL	City & State Palm Beach FL
Zip 33480	Country USA
Zip 33480	Country USA

4. FEI Number 02-0634305	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURTHY, SHEELA 10845 SW 138 ST MIAMI, FL 33176	
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7. Name and Address of New Registered Agent Name Sheela Murthy Street Address (P.O. Box Number is Not Acceptable) 325 Worth Ave City Palm Beach FL Zip Code 33480	
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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 registered agent.

SIGNATURE _____ DATE 07.06.07

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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURTHY, SHEELA 10845 SW 138 ST MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: Sheela Murthy **07.06.07** **212-452-2565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #