


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 021 ***150.00

DOCUMENT # P02000117961	
1. Entity Name NA APPAREL TRADING, INC.	

Principal Place of Business 1155 BRICKELL BAY DRIVE APT. 2904 MIAMI, FL 33131	Mailing Address 1155 BRICKELL BAY DRIVE APT. 2904 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 9978 Nob Hill PL Suite, Apt. #, etc. # 9978 Bldg #20 City & State SUNRISE, FL Zip 33351 Country USA	3. Mailing Address 9978 Nob Hill PL Suite, Apt. #, etc. # 9978 Bldg #20 City & State SUNRISE, FL Zip 33351 Country USA
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01272007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2302276	Applied For <input type="checkbox"/> 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 NAVARRO, MARIA 1155 BRICKELL BAY DRIVE APT. 2904 MIAMI, FL 33131
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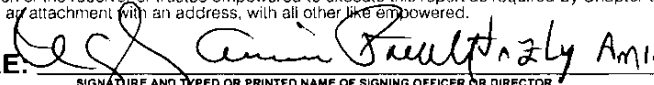
7. Name and Address of New Registered Agent	
Name Ignacio de Jesus Pena Aburto	
Street Address (P.O. Box Number is Not Acceptable) 13450 W. SUNRISE BLVD Suite 350	
City SUNRISE FL	Zip Code 33323

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 _____ (NOTE: Registered Agent signature required when reinstating)
DATE 1/29/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMIN, NAZLY 1155 BRICKELL BAY DRIVE MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NAVARRO, MARIA M 1155 BRICKELL BAY DR., #2904 MIAMI, FL 33131 <input checked="" 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
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

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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/29/07 DAYTIME PHONE # (954) 689-8963